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ADDRESS.

*INEBRIATE ASYLUMS AND THEIR WORK.**

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IN 1747, Condillac, of France, wrote that the State should provide special hospitals for drink maniacs, and urged a change of law and public sentiment to this end. Dr. Rush, of Philadelphia, in 1790; Dr. Cabanis, of Paris, in 1802; Prof. Platner, of Leipsic, in 1809; Salvator, of Moscow, in 1817; Esquirol, of France, in 1818; Buhl Cramner, of Berlin, in 1822, all urged the need of physical restraint and treatment of the inebriate as sick and diseased, in places especially provided for this class. In 1830 the Connecticut Medical Society appointed a committee to report on the need of an asylum for the medical treatment of inebriates. In 1833, Dr. Woodward, of the Worcester Insane Asylum, in Massachusetts, urged that inebriety be recognized as a disease, and special hospitals provided for its treatment. In 1844 the English lunacy commission urged that inebriates be regarded as insane, and sent to asylums for special treatment. The mention of the disease of inebriety roused a bitter opposition, and the question of asylums was put aside until the former could be settled. The question whether inebriety is a disease or not is still agitated in certain circles. It is a curious fact that inebriety was recognized as a disease long before insanity was thought to be other than spiritual madness and a possession of the devil.

The discussion of the disease of inebriety practically formulated its truth, and organized it into the realm of accepted facts. This was literally a discovery in science, clearly evident from the sharp opposition it provoked, which, in fact, only gave it a firmer root and surer growth. Every advance of science has amply confirmed the fact of the disease in inebriety. The question has constantly recurred to all thoughtful men, Can all this vast army of over a million inebriates on this continent be merely an outburst of a vice element in human nature? Seen in the light of modern science, this vast army of inebriates are the diseased and defectives, the worn out, the crowded out, the unfit driven out in the struggle from the lower to the higher; they are the product of physiological and psychological causes, the cure and prevention of which is a problem in science. The question of asylums which had been forgotten in the discussion of the disease came into prominence in the first asylum for inebriates at Binghamton, N. Y., in 1864.

The opposition to this work was very intense, and came from moralists, who urged that it was a purely "infidel work" to diminish human responsibility. The asylum at Binghamton began on the most advanced principles, of receiving no one for less than one year, and having absolute restraint over them during this time. It asked no pledges or promises from the patient; it aimed to give each one positive protection and medical treatment. The patients were locked in at night, and only allowed out under the strict care of attendants. Each case was considered a suicidal case of insanity, requiring long medical care and restraint. These methods were far in advance of that time,

* Abstract of a lecture before the Young Men's Christian Association, of Toronto, Canada.

and even to-day are just beginning to be recognized as the latest teachings of science. The patients themselves, after the immediate recovery from the effects of spirits, protested against the confinement and doctrine of disease, and sought in every way through their friends to break up the methods of treatment. The points of difference were these: The asylum and management insisted that each case was more or less diseased, and should be under absolute control and restraint for long enough time to effect a permanent cure. The patients and their friends insisted that, while the case might be diseased, his recovery depended largely upon his liberty and promise to get well; that restraint was irritation and injury; and that appeals to his honor and manhood were the real agents for final cure. In brief, one plan proposed long restraint; the other, no restraint except nominal care at first, then persuasion and advice.

The board of management changed, and the central object was to make the asylum popular with the patient. Political controversy followed, and the State changed the asylum to an insane hospital, and the political governor, in justification of the act, called the inebriate asylum a failure.

IT WAS NOT A MERE THEORY.

The enthusiasm which had centred about this work at different times reacted, and the idea of failure and condemnation of asylum treatment for inebriates was spread far and near. Had the physical treatment of the inebriate been a theory, this would have been its final death. But, like all other great enterprises of the world, the death of Binghamton marked the birth of a large number of similar asylums, some of which are doing a grand work in the world. The great fact that inebriates were diseased, requiring positive hospital care, was demonstrated to the world by Binghamton Asylum beyond all question. Over fifty different hospitals for inebriates have been established in America. More than thirty of this number are in successful operation; the others have changed into insane asylums, water cures, etc. Three large buildings or institutions are practically "faith cures," where all physical remedies and means are ignored. Several asylums are called homes for nervous people, to conceal the real cause, and thus protect the patients from the supposed stigma of inebriety. Others are literally lodging-houses, where the inmates can remain a few days and recover from the effects of spirits. Several places make a specialty of opium cases; in some the treatment is empirical. In only a few of these hospitals is the disease of inebriety studied and treated on a scientific basis.

WHO THE INMATES ARE.

It may be of interest to know who the inmates are of these various asylums. The first persons who come to these asylums are the incurables. They clamor most importunately for help. They are the credulous, emotional incurables, who have signed pledges, joined churches, and tried every means known, and now expect from the asylum some miraculous power of restoration. In a few weeks they believe themselves fully recovered, and go away only to relapse again and become bitter enemies of the institution. This class appear everywhere, as examples of the failure of the hospitals. The second class of incurables come from the better ranks of society, often for the purpose of accomplishing some object, consent to go anywhere and do anything that promises relief or restoration. These moral paralytic inebriates rouse the highest expectation and greatest enthusiasm in the grand work of asylum cure among their friends, and pose as examples of "brands rescued from the burning," then suddenly relapse and condemn the asylum and management as the cause. The humbug of the asylum, its frauds and deceptions, are themes of great relish and pleasure to them.

HOW INEBRIETY IS RECOGNIZED.

Most of the hospitals for inebriates are managed and conducted under the most extraordinary conditions. The disease of inebriety is recognized in a most general way. The presence of vice and wickedness is supposed to be most prominent, and the disease only secondary. It is proposed to treat the inebriate as half sick and half well, as half sane and half insane, as half responsible and half irresponsible, as half honest and half dishonest, as half criminal and half law-abiding, as half truthful and half untruthful, as half moral and half immoral; and public sentiment demands of the management to discriminate and sort out remedies for these conditions. What success could be expected from a general hospital treating surgical and medical cases on this principle?

How long could an insane asylum exist which treated its patients on this basis? Where can we find any work for the benefit of humanity which was forced to assume such contradictory theories and conditions, and attempt the impossible to reach them?

SOME CURABLE CASES.

A second class of persons are coming in greater numbers every year to these asylums. They are the curable cases,—the nerve- and brain-exhausted men and women, the large and ever-increasing class of business and professional men, who have broken down from overwork, worry, and irregularity of life and living, and who find alcohol a narcotic of most seductive nature. The still larger class seen in every city of the land, who, from brain strains and drains incident to the rushing, grinding civilization of to-day, also to the struggle for position, wealth and power, and the effort to adapt themselves to the new conditions of life, to the new demands, thus prepare the soil by exhaustion, and encourage the growth of inebriety and its allied diseases. This class often represents the highest talent and genius, and, as a rule, are the active brain-workers of the times. An inebriate hospital to this class is almost an "el dorado." It brings rest, restraint, seclusion, building-up, and is literally a place for repairs and restoration.

In this class the use of alcohol, opium, or any other narcotic is often more of a symptom of exhaustion and debility, for which rest and medical care are essential. There are many thousands of this class who could be saved and permanently restored to temperate life and living if they could be placed in inebriate hospitals and treated early. Later, they become chronic and incurable, and are ever after a burden and heavy loss to the world. To-day they cannot go to an insane asylum, and the public hospital is unfit for them, and no place is open adapted to reach their wants.

RESULTS OF TREATMENT.

The results of treatment in a few scientific hospitals for inebriates are most encouraging. The first statistical study was made at Binghamton Asylum in 1874. The object was to find out how many persons who had been under treatment continued temperate years after. Accordingly, over a thousand circular letters were addressed to friends of patients who had been under treatment five years before, asking the present condition of the patient. The answers indicated sixty-two and a half per cent. as yet temperate and total abstainers. This result, after an interval of five years, was clear evidence that a large per cent. would remain cured during the remainder of life.

Dr. Day, of Washingtonian Home, made a similar study of two thousand cases who had been under treatment ten to eighteen years before, and found over thirty-four per cent. yet sober and temperate. Dr. Mason, of King's County Home, examined six hundred cases who had been away from the asylum for ten years, and found thirty-four per cent. of all cases yet cured. Other observers have made studies of a smaller number of cases with similar results.

DETAILS OF TREATMENT.

Some general idea of the details of treatment will be of interest. In a hospital conducted on scientific common-sense principles the patients are received for periods of not less than three or six months. The patient signs a commitment paper, and is examined by the physician, and all the facts of his present and past condition noted. If intoxicated he is placed in charge of a nurse and baths and remedies given for his special condition. If sober he is given a pleasant room and placed upon a regular diet, exact conditions of living, and required to take such medicines, baths, exercise, and general treatment as may be needed in his case. Mental occupation, amusement, change of thought and life in every particular are sought for. He is treated as one who has a profound disease of the brain and nervous system, requiring rest, care, and removal from every source of irritation and excitement. The question of responsibility to aid the efforts of the hospital in his behalf is urged as a symptom of his capacity or incapacity to recover. The asylum is a quarantine where he can recover, and his liberty or restraint is governed by his condition. Wherever congenial work can be added to the amusement it is done as a medicinal aid. Every condition of life is controlled and regulated, and every surrounding arranged to aid recovery. Daily religious exercises, rides, walks, Turkish baths, and exact methodical living, most naturally result in a degree of strength and vigor that is very promising for the future.

The use of alcohol is abandoned from the start, and its danger is taught in every way. The return of the drink paroxysm is anticipated and prevented by medicines and special care, and the patient is thus enabled to outgrow the drink craze and recover a degree of health which will give strength to abstain in the future.

A period of six or twelve months in an asylum will remove the states of delirium which have kept up the use of alcohol, and reveal an exhausted brain- and nerve-soil that will not tolerate alcohol in any form after. The person suddenly realizes that alcohol is both poisonous and repelling to his system. This may be so intense that should he take any form of spirits by mistake it will produce intense nausea and depression. In other cases this drink-exhaustion dies out after long years of abstinence, and should the patient relapse late in life death follows soon after. The asylum treatment, like the quarantine for contagious disease, isolates the victim from all exciting and predisposing causes, and thus places him in the best possible condition for returning health. Asylum and medical treatment for the inebriate are most imperatively demanded, not only to save the victim, but to enable us to understand some of the great underlying causes which are active in precipitating so many men into this terrible disease.

This is the real field for temperance work; this is the new continent for the physician, and not for the temperance men or moralists. All its problems are scientific and require exact study by men competent to discover and deal with such facts. All the noise and fury of temperance reform must give way to the still small voice of science. An army of persons are dying yearly on an organized line of march where a slight examination will reveal a range of causes and laws that are unsuspected. This is the great dark continent awaiting explorers from the profession.

SOME GENERAL CONCLUSIONS.

I stop at this point to draw some general conclusions, which are supported by the latest teachings of science and experience:—

1. Inebriate hospitals must take the place of jails and station-houses. Such places are dangerous in their mental and physical surroundings by intensifying the degeneration and removing the patient beyond hope of recovery. They are in many cases literal training-stations for mustering in armies of chronic maniacs that never desert or leave the ranks until crushed out forever.

2. Inebriate hospitals should receive the incurable inebriates and make them self-supporting and build them up physically and mentally. They would relieve the taxpayer and relieve society of untold burdens of sorrow and misery.

3. Inebriate hospitals should receive the recent cases, and place them in the highest conditions of enforced health and vigor, and thus return a large number to health and sobriety again.

4. Inebriate hospitals can and should be self-supporting when once established. They should be managed on scientific business principles, like military training-schools.

5. Inebriate hospitals should be built from money raised by taxes on the sale of spirits, on the principle that every business should be obliged to provide for the accidents which grow out of it.

6. These are the realities which every inebriate hospital is approaching and which all experience points out as practical and literal in the near future.

7. The inebriate hospitals of to-day are only in the infancy of their work, contending with great opposition and prejudice, misunderstood, condemned, and working against innumerable obstacles.

8. The work of the present inebriate hospitals, notwithstanding all the difficulties and imperfections, has the grandest promise for the future, and encouragement for further effort in this field along the line of scientific research.

9. Lastly, there is an intense personality in inebriate hospitals to each one of us. They may bring salvation and restoration to some one near and dear. They may be fountains of healing whose influence shall cross and influence our pathway in many ways.

10. Inebriate hospitals and their work are the great new lands which only a few settlers have reached. They are calling to us to come up and occupy, and thus help the race on in the great march from the lower to the higher.

Dr. L. S. McMurtry, of Danville, Kentucky, the newly elected President of the Kentucky State Medical Society, spent several days in this city last month with his friends.

ORIGINAL COMMUNICATIONS.

*THE DISPOSITION OF THE DEAD.**

By P. F. HYATT, M.D., D.D.S.

THE disposition of the dead has, in all ages and among all people, awakened a deep interest in the living; not so much because they realized its importance from a sanitary stand-point, but as their veneration for the memory of the departed. It has been our life-work to feed, protect, and clothe these bodies of ours; we do not therefore take kindly to anything that savors of ill-treatment after death. But, as we proceed, let us inquire if we have not been deluded by false notions. I am aware that public sentiment is averse to inroads on the custom of the times. I therefore accept the task of rowing against the tide, and take the risk of being misunderstood.

The primogenitors of our race, with little or no knowledge of the laws of health, lived as many centuries as we do decades; and, as there can be no effect without a cause, it behooves us to ask why we have grown weaker while we claim to have grown wiser. If the people upon the new earth lived longer than we, it must have been because they inherited constitutions more nearly perfect than ours, and lived in a world where the earth, air, and water had not been contaminated with disease-germs. They did not realize the necessity, however, of keeping pure the virgin soil committed to their care, and we, their short-lived descendants, reap the fruits of their sowing. But I am glad that we live in a day and age that is waking up to the importance of sanitary science,—a subject second only to a preparation for eternal life, if length of days and robust health are worthy objects of attainment.

People exercise commendable zeal in avoiding things which tend to sudden death, but bear patiently anything which undermines their health by slow degrees, giving themselves no uneasiness about results which follow a few years hence.

Life (which precedes death) has been defined as "that state of the animal or plant in which its organs are capable of performing their functions." When that capability ceases death is the result; and, as organization follows in the pathway of life to build up, so does disorganization follow in the pathway of death to destroy, or rather to separate into its elemental parts; and that atom of carbonic acid gas which is set free by decomposition or combustion to perform its allotted function in the world will, on the morrow, feed the grass that feeds the ox that feeds the man, and so on, *ad infinitum*.

In order to build up this body of mine, untold numbers of animal and vegetable lives have been destroyed, and when I am through with it it must go back into its elemental parts,—carbon, hydrogen, nitrogen, and oxygen,—to pay the debt of nature, whenever the power of vitality ceases to hold it in combination, whether it goes by the slow and disgusting process of decomposition or the more rapid and cleanly way of combustion.

"Let the dead bury the dead" may have seemed an unkind remark from our Saviour, in reply to the young man who asked permission to go and bury his father, and not in keeping with his former teaching to "honor thy father and mother;" but he wished to impress upon the world the fact that kindness to the living was better than kindness to the dead.

The Parsees, and some of the early South Americans, caring only for the bones, placed the bodies where carnivorous birds would carry away the flesh. In South Africa dead women are thrown into the jungles to be devoured by wild beasts. The Chinnooks bedecked their dead, placed them in canoes, and let them float down the river to find the happy hunting-ground. The early Indian tribes of North and South Carolina, previous to burning their dead, pasted them over with soft clay, which, when burned, enclosed them in a stone coffin. Others put them in hollow trees, and still others raised up rocks which were allowed to fall back upon the bodies.

The ancient Egyptians and a portion of the Romans believed that anything short of embalming the dead was inhuman.

In civilized countries five methods are more or less in vogue,—inhumation, immuration, incineration, calcination, and circumcementation,—and, from a sanitary or humane stand-point, we think earth burial the worst of all.

But a few feet of earth filter intervenes between an interred corpse and the water which is likely to find its way into our wells and

*Extracts from a lecture delivered before the State Board of Health in Lewisburg, on the 17th and 18th Sept. 1888.

springs; for, like the veins that course just beneath our skins, so do water-veins or little underground streams course but a few feet below the earth's surface, forming a complete plexus, or net-work. When the water strikes one of these little veins, which are but a few feet, at the farthest, from most graves, the process of filtering ceases; and water conveyed in this way to the open well or spring, if drained from a body which died of an infectious disease, would carry desolation wherever the water is used, and numerous epidemics have been traced to such causes.

By the process of burial and decomposition the surface of the earth is becoming saturated with morbific matter indigenous to the human family, which, by being planted and nurtured, has sprung up and borne fruit an hundred fold; and it is generally admitted that diseases taken from a cadaver are more fatal than if taken from the living subject.

Sir Henry Thompson gave it as his opinion "that no dead body was ever placed in the ground without contaminating the earth, air, and water," and a practice so loathsome would not be tolerated for one moment, save for the fact that it is hidden from our view.

A careful study of the subject leads me to believe that not one entombed body in a hundred has remained in the earth undisturbed. Want of room and love of gold have caused "God's Acre" to be planted over and over again in the thickly-settled parts of the world, until confusion worse than confounded makes up the mighty jargon.

Some cemetery associations, after five years of continuous neglect on the part of friends to look after burial plots, smooth them off and sell them over again. Nor is this practice without sanction of law, for Lord Stowell many years ago gave an opinion, which has since stood for good law, that if the living forget or neglect to care for their dead, they cannot expect the government to allow such neglected spots to stand in the way of progress.

Laws have never been made strong enough to hold a tombstone in place when living men want the room.

The truth is, but few outside of our own near kin will raise their hand or voice to uphold the sanctity of the tomb.

There was a complete wiping out of the old grave-yards of Paris one hundred and one years ago, and the remains of the dead shoveled indiscriminately into carts and carried away.

The London Quarterly Review (vol. xlii, p. 380) says: "Many tons of human bones from the depopulated cemeteries of that metropolis are annually converted into fertilizers." Within fifty years ship-loads of mummies have been brought from Egypt to Boston, ground up, and converted into paper. A considerable portion of Northwestern Philadelphia is built upon the sites of former cemeteries; and everywhere, even in this new country of ours, there is not a city or town of any considerable size that has not already had to brush back the dead to make way for the living.

The reports of the Philadelphia Board of Health show that for the last fifty years they have been waging a continuous warfare against burials within the city limits.

When we attempt to decide what is the most respectable and sanitary disposition of the dead, we should endeavor to decide, not for a day, but for all time. We should remember that what has occurred elsewhere will, under similar circumstances, occur in this rapidly-populating country of ours, where corporations and individuals are constantly stretching out their hands for more room and valuable space, and that against such claims a dead man's title to his "two by six" is not worth a fig. Philadelphians understand this, and are moving back their dead at the rate of two thousand per year, and the city authorities are moving many more of such as have no friends left who care for their mouldering clay.

The difficulty is, always has been, and probably always will be, that cemeteries are located where, at the time, they are supposed to be out of the way; but, judging the future by the past and present, that which is out of our way will be squarely in the road of future generations.

The germ theory that all contagious diseases are produced by positive, definite microbes, without which the contagion could not exist, and would disappear from the face of the earth if the germs which produce them could be obliterated, we think is correct ground, and calls loudly on us for a microbite war of extermination. For the accomplishment of so desirable an end, two methods present themselves. The first is to attack and destroy them in living subjects, as is done by vaccination against small-pox; and second, by destroying them in the dead instead of planting them for

reproduction and multiplication. The former may not come in this generation, but I trust the time is not far distant when medical men will vaccinate as effectually against cholera, consumption, diphtheria, scarlet, yellow, and typhoid fevers, as we do now against small-pox; and, as to the second, the method is here, and only awaits public sentiment to bring it into use. The microscope has brought these infinitesimal enemies of our race to light, and no grander work awaits the sanitary scientist than the destruction of these pests of humanity.

As a beginning of this good work, I would stop the process of earth burials as now practiced, which subjects our bodies to putrefaction, rendering them abhorrent to every sense of humanity, and makes them send back the darts of anguish to the living. Why contaminate the earth, air, and water with the germs of pestilence, when science points out a way that is pure, quick, and cleanly?

CREMATION.

What is it, and wherein does it differ from inhumation as commonly practiced? Both accomplish the decree of the Creator, who said: "From dust thou art and to dust shalt thou return." One is by a slow, lingering process that requires many years for completion, while by the other the same result is reached in about one hour. By cremation the liquid and gaseous portions of the body (ninety-eight per cent.) are purified and set free at once, while the remaining two per cent., which is also rendered innocuous, is neatly urned in a glass or earthen vessel, which may be lettered and decorated according to the taste of friends, and kept compactly together as long as there is anybody to care for the sleeping dust.

Cremation is not a latter-day invention, for when history sprang into being it was there, and none of the early historians spoke of it as being new or novel.

The first cases recorded in sacred history are found in First Samuel, thirty-first chapter and twelfth verse, which reads: "All the valiant men arose, and went out all night, and took the body of Saul, and the bodies of his sons, from the wall of Beth-Shan, and came to Jabesh, and burned them there; and they took the ashes and buried them under a tree at Jabesh, and fasted seven days."

History records that Hercules cremated the body of Argius, a fellow-soldier slain in the Trojan war, 1184 B.C., and sent the ashes to the young man's father, to whom he had promised to return his son either dead or alive.

When first known, the Scythians, Cets, Scandinavians, and Germans, practiced it to a considerable extent.

The better class of ancient Greece were cremationists, and throughout Asia, from earliest history to the present time, it has been a common method of disposing of the dead, and the same is said to be true of the Romans up to the fourteenth century.

Among the ancient notables who were cremated we may mention Julius Cæsar, Shelley the poet, Captain Williams, Hannibal, and Alexander of Macedonia. The first white man incinerated in America was Henry Lawrence, of Charleston, S. C., an intimate friend of George Washington. His body was, by his own request, burned in his garden in 1792.

Dr. Lamoine, an intelligent physician of Washington, Pennsylvania, was first to build a regular crematory in this country, and made it imperative on his heirs to have his body burned after death,—a command that was complied with some eight years since; and so favorably are the people of that section impressed with it, that the furnace is kept hot most of the time.

The incineration of America's greatest surgeon, Professor Gross, some four years ago, gave a new impetus to the practice in the United States.

"Di marjorem umbris tenuem et sine pondere terram spirantesque crocos et in urna perpetuum ver, qui præceptorum sancti voluere parentis esse loco!"

Various modes of cremation have been practiced, from the rude funeral pile up to the neatly-constructed furnace of Siemes, which will incinerate a body in from fifty to eighty minutes, by a pure, white heat of about two thousand degrees Fahrenheit. The furnace is constructed on the reverberatory plan, and the body does not come in contact with the fuel.

A society was formed in London in 1874, of Britain's most learned men, with Sir Henry Thompson as president, for the purpose of disseminating knowledge upon the subject of disposing of the dead, with the following declaration of principles:—

"We disapprove of the present custom of burying the dead, and desire to substitute some

mode which shall rapidly resolve a body into its component elements, by a process which cannot offend the living, and shall render the remains absolutely innocuous. Until some better method is discovered, we desire to adopt that usually known as cremation."

In nearly all of the larger cities of our own land cremation societies are organized, composed mostly of scientific men, with the same object and aim in view as that of the London society, and every year witnesses the erection of several new crematories in a country where five years since there was only one. Three years ago a furnace was erected near New York, and when completed over forty bodies were waiting incineration. Philadelphia, I understand, will soon have one completed after the most approved plans, which, when done, will make four in the little State of Pennsylvania. Nearly every country in Europe, also Australia, is waking up to the importance of the matter, and putting itself in readiness for the reformation.

I believe it would be far better for the world if cremation were the universal practice. But all who die of zymotic or contagious diseases, which would be about fifteen per cent. of the total number of deaths, should be incinerated as a matter of sanitary precaution. Here its advocates could afford to wait for the people to catch up with the times.

When properly performed there is no unpleasant smoke or smell arising from the operation, and nothing save the presence of death to offend the sensibilities of the most delicate.

In preparing a body for cremation it is dressed in a neat cotton or linen shroud, free from metallic substances, or wrapped in a sheet saturated in alum-water. Some prefer that the corpse be encased in a sheet-zinc coffin, which burns as readily as a shroud.

From fifty to eighty minutes completes the operation, but it requires several hours for the furnace to cool off so that the ashes can be removed. The ashes are of a grayish-white color, pure as the driven snow, and weigh about three pounds.

With a return to cremation will come the columbarium for receiving the urned ashes of the dead. They will probably be built above ground, as their contents will in nowise be detrimental to the living.

These structures will be built of brick or stone, fire-proof, and arranged so as to suit family or single depositaries.

A properly constructed columbarium, one hundred feet square, would be equal in receiving capacity to a fifty-acre cemetery, thus saving more than ninety-nine-one-hundredths of the ground now given to burial purposes; and this is no mean item when the cost of a burial lot in our cities is equal to the cost of a small farm in the country.

Another method suggested is to take blocks of granite one foot square, make excavations in each large enough to hold the ashes of one body, cement them tightly, and build them into a monument or pyramid. In this way a shaft one hundred feet square and the same in height, would contain a million blocks, or in a pyramid form a little less than half the number.

With crematories established within reasonable distances, mortuary expenses would be reduced to one-half of the present cost, thus checking the tendency of the present day for extravagant funerals.

There are two things that those who are incinerated need not fear: first, they will never be buried alive, and second, the body-snatcher will never disturb their rest, neither will their skeletons walk the grave-yard fences at midnight alone, to frighten nervous people with their rattling bones.

A young lady, whose name and location I have forgotten, when upon her death-bed, requested that her body be burned and the ashes scattered over her favorite flower garden, believing it to be better taste to feed flowers than worms, and said to her friends: "When you look upon the flowers of my planting, think of me as in them, and as you press them to your lips we shall kiss again."

A lady of much bodily suffering said to me not long since: "Doctor, when I take up my residence in the celestial city I want an entire new body, or it will be no heaven to me; for this rickety old frame would give out before I reached the first landing on the golden stairway."

Then, if our bodies must dissolve away, a decree from which there is no escape, why drag them through the tedious slums of putrefaction? A condition which, if brought to light, mankind would flee from with fleetest feet.

There are three objections to this method of disposing of the "form divine." The first is

the only one worthy of consideration, yet the second and third are put forward most frequently. The first is the opportunity which it affords of destroying evidence of crime in case of death by poisoning. To which Sir Henry Thompson replies, "that it is unfair to defend earth burials, with its manifold dangers to the living, for the sole purpose of occasionally exhuming a body to repair a lack of adequate observation at a more fitting time." But with cremation will come more stringent rules for detecting crime, and a body tainted with suspicion should not be burned until the officers of the law are satisfied.

Again, we should remember that every trace of all active poisons save three—mercury, arsenic, and antimony—are soon eliminated from the cadaver, and post-mortem examinations in such cases would prove abortive evidence.

The second objection is that "it is disrespectful to the memory of the dead." This was well answered by the young lady who said that she preferred being food for flowers rather than worms. And you who think that it is horrible and inhuman, place the two methods side by side, follow them in their results, not for a day, but for weeks, months, and years; and should you, after a careful and deliberate consideration, come to the conclusion that you prefer burial, then so be it.

The third objection, and one frequently urged, strange as it may seem, is "that burning the body in some way disturbs the relation of the soul to its Creator, and interferes with the repose of the spirit." This would hardly seem worthy of an answer, but, as ours is a battle against prejudice, we give it a passing notice. Lord Shaftesbury, though not a Yankee, we think answered the question by asking another. He asks: "What has become of all the blessed martyrs burned at the stake, if the burning of their bodies interferes with their resurrection?" To which we may add another question to make his more distinctive and pointed: Does any one believe that Polycarp, Huss, Latimer, or Ridley, who were burned at the stake at Smyrna, Constance, and Oxford, because of their faith in the Christian religion, are any less likely to occupy seats at the right hand of God than had their bodies mouldered away in earthly graves?

The body is but the cage in which the bird of Paradise is imprisoned, and when the bird has escaped there is no more use for it than there is for the cast-off shell of the hickory-nut, for each new spirit that wings its way into the world brings its own cage with it.

Theologians generally hold to the doctrine that "the soul is completely emancipated from the body at death, and that the resurrection to each soul is when freed from its tenement of clay it rises to the realms of glory;" or, in the language of Scripture, "Then shall the dust return to the earth as it was, and the spirit unto the God who gave it."

You will need no doctor after you cross the dark river; and I do not expect to frame my diploma, nor hang out my sign when I reach the other shore, for then and there this corruptible will have put on incorruption, and this mortal will have put on immortality.

*IS QUININE AN ABORTIFACIENT?**

By J. TRUEMAN DAVIS, M.D.,
MADISON, IND.

I HAD supposed that the above question had long since been decided in the negative. But some remarks made lately in a medical society of which the writer is a member, and an article in a late number of the Medical and Surgical Reporter, show clearly that we still have in the profession some who believe that it is not safe to administer quinine to a pregnant woman. In looking over several of our oldest and best works on obstetrics and diseases of the pregnant state, we find nothing to indicate that the authors were afraid to give quinine whenever indicated. Now, it seems to me that a drug in such common use as quinine ought to be fully understood, and when physicians in medical societies and in articles in medical journals declare that they are afraid to administer it to a pregnant woman, it certainly is calculated to convey erroneous impressions, such as will, if carried out at the bedside, result in untold mischief, suffering, and death. Young physicians are very liable to be led astray by such teachings, and are not convinced of their error until they have been so unfortunate as to lose some of their patients.

In looking over some articles written by men who claim that quinine is an abortifacient, we generally find that their patients have had several chills before quinine was given, and in many instances the amount given was not sufficient to control the paroxysms caused by the

* Read before the Jefferson County, Indiana, Medical Society, Madison, March 5, 1888.

toxic element, malaria. Others, without sufficient investigation in regard to their cases, hastily rush into print, declaring that quinine will cause abortion; hence, is a dangerous drug to give to a woman who is pregnant.

The writer has no hobby to ride, but is desirous that true and correct opinions may be inculcated in regard to this matter, his own experience reaching nearly up to twenty-five years, and all of this time, in an intensely malarial region, he has freely and fearlessly given quinine to pregnant patients with the very best results, and has never seen a case of abortion produced by it; but, on the other hand, he has seen numbers of cases of threatened abortion averted by the administration of full doses of quinine, combined with one-fourth of a grain of opium. I present below the opinions of several of our leading writers on Materia Medica and Therapeutics; also, the opinions of some of the best practitioners in the East, West, and South.

Bartholow says: "Very numerous and conflicting statements have been put because there is no exact data. The few cases in which uterine action followed the administration of quinine were doubtless due to malarial intoxication or to other causes, and hence the association of uterine action with the effects of quinine was accidental."

Wood says: "It seems to me incredible, in the face of daily experience, that even the largest doses of quinine are abortifacient in malarial fevers or in health."

United States Dispensatory, 15th ed., 1883: "An enormous amount has been written during the last ten years concerning the action of quinine upon the uterus. The result of it all seems to indicate very positively that the alkaloid has no power to originate uterine contractions in the pregnant female, but that when once parturition has commenced the flagging pains are greatly stimulated and increased by a dose of ten grains of the drug. When abortion is threatened through malarial influence, no hesitation need be felt in using the drug to avert the impending catastrophe."

National Dispensatory, 4th ed., 1888: "That there is no tendency in quinine to bring on contractions in the gravid and quiescent uterus has been proved by abundant experience. Burdel reports several cases which demonstrate that enormous doses of it can be taken without injury to the embryo, and without shortening the duration of pregnancy; and is supported by experiments upon animals with young and near the end of gestation. Among the latter must be included the case of a gravid cat that died of direct poisoning by quinine without a sign of labor."

Dr. Baily, of Knoxville, Tennessee, in the Reporter, 1872, says: "The result of much and continued observation in the use and effects of quinine sulphate was that, whenever the remedy was indicated as an antiperiodic, it was freely and fearlessly exhibited. It was very common to find a pregnant woman suffering from uterine pain during a fit of ague, and abortion or premature labor often occurred in cases when timely antiperiodic treatment could not be carried out. In all such cases it was my practice, as well as that of others, to administer quinine promptly and freely. There was no other way to carry a patient over such a period of danger except to suspend the periodical tendency."

Dr. Madison Marsh, of Port Hudson, La., 1873, says that he has for twenty-five years freely given quinine to pregnant patients, with the happiest results.

At a meeting of the Philadelphia Obstetrical Society, in 1874, Drs. Packard, Smith, Taylor, and Yarrow spoke of the action of quinine upon the uterus. Dr. Smith had used quinine in patients exposed to miasmatic influences in amounts of twelve to twenty-four grains daily, and had never seen any uterine action set up previous to labor. After labor has begun, then it may act as a stimulant precisely as other stimulants. He had seen no tendency in quinine to produce premature labor. Drs. Packard, Taylor, and Yarrow expressed the same views in regard to the use of quinine, and never hesitated to give it to their pregnant patients when needed.

Dr. H. S. Wolfe, of Corydon, Ind., in an article in the Medical and Surgical Reporter, 1876, says: "I have been actively engaged in the practice of medicine for the last twenty years, all the while in the most malarial region of Indiana, and during all this period I have uniformly given my pregnant patients quinine in rather larger quantities than to non-pregnant patients, and I can confidently say that I never knew a case of abortion in which there was the slightest reason to believe that quinine had anything whatever to do in producing it. In my own practice I have repeatedly known cases

of threatened abortion promptly relieved by the efficient administration of quinine."

Dr. Otis Mason (Transactions Virginia Medical Society, 1881) says that, from an experience of forty-eight years in the treatment of malarial fevers, he is confident that M. Petit Jean mistook a consequence of the intermittent fever for a result of the action of quinine, and that in his opinion quinine not only will not produce abortion, but that when properly administered it is a preventive of this unfortunate occurrence. He says that at the commencement of his career, when he was timid in the administration of quinine, abortion was no uncommon occurrence in pregnant women attacked with the various types of periodical fever, and to whom no quinine had been given. Since he commenced to employ quinine in liberal yet reasonable doses in paroxsymal fevers, he has never observed abortion in patients affected with them.

Vadenuke, of St. Petersburg, in an inaugural thesis, in 1885, speaking of the action of quinine on the fœtus, says that "quinine is not an abortifacient; it may ward off abortion or premature labor when the mother is under the influence of fever, especially of malarial origin." Dr. E. L. Drake, of Fayettville, Tenn., says "that in pregnant patients afflicted with malarial fevers he gives quinine in large doses, with no unpleasant effects." Dr. L. Woodruff, of Alton, O., says: "Living in a malarial region, I have had occasion to give quinine under almost all circumstances, and have given it many hundreds of times to pregnant women without the least unpleasant effect, and cannot recall a single instance in which it has caused premature labor."

The great importance of a definite and correct answer to the question at the head of this article has called it forth. And while the writer does not presume that his mite will settle it, yet he trusts that what he has adduced will be calmly and carefully considered.

742 West Third Street.

MEDICAL CASES IN THE COURTS.

By HENRY A. RILEY, Esq.,
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THE question of the proper construction of sewers is every year becoming a more and more important one, owing to the increasing population of our cities; and it is pleasant to notice an indication on the part of the courts to keep municipalities and health boards up to their duties.

In a case decided not long since in Brooklyn, damages were granted because the city authorities had, by negligent and improper construction of a sewer, allowed property to become overflowed.

The same principle has just been announced in a Maryland case, where the city of Frostburg was the defendant. In this instance the sewer received, in times of heavy rain, a great deal of water and *débris* from two different streets, which were graded so as to make the water flow in that direction. As a consequence, the sewer generally became blocked up, and the surrounding property was overflowed and injured. The general plea of the city was that, having constructed a sewer large enough for the removal of water under ordinary circumstances, it was not liable for damages in cases of freshets, and that the property was in no worse a condition than before the culvert was built. The trial Court decided in favor of the city, and declared it not to be liable; but this was reversed on appeal, and a new trial granted. The Court declared the broad principle that having undertaken the construction of sewers, the city became responsible for them, and must make them of sufficient capacity to remove the water flowing to them.

In a case tried not long since in Connecticut the action was for damages for personal injuries, the wagon in which the plaintiff was riding having been run into by the defendant's wagon, the plaintiff thrown out, and one of her ribs broken. The defendant, to contradict certain evidence introduced by plaintiff, offered to show the exact location of the ribs in the human system by means of section of a human body. The Court held, however, that such an exhibition, being unnecessary and offensive, it was a proper exercise of discretion for the courts to refuse it.

The question of liability for articles lost in a Turkish bath is not strictly a medico-legal one, but it may be of interest to the profession to know that the frequenter of such houses must keep a sharp lookout for his valuables; at least, such is the law in England, where a case was recently tried. The plaintiff gave the proprietor his watch and chain, a purse

containing about twelve dollars, and a pair of boots. The defendant placed the articles in a drawer and gave the plaintiff the key, who put it in his waistcoat pocket. An attendant took the key from the waistcoat and walked off with the valuables. Under these circumstances the Court held that the proprietor was not liable, as gross negligence on his part had not been shown. The courts in this country have, in some instances, held bathing-house proprietors to a stricter liability, but the English case would certainly make bathing a great luxury, to be indulged in only when a person feels rich enough not to mind a loss.

One of the most frequent and one of the most persistent efforts made by the plaintiff's counsel in cases of personal injury is to get before the jury statements by the party in regard to his sufferings. In commenting on such efforts, the Kansas Supreme Court held, not long since: "We think, however, that whenever evidence is introduced tending to show a real injury or a real cause for suffering or pain, as in this case, the declarations of the party concerning such suffering or pain while it exists, and as simply making known an existing fact, should be allowed to go to the jury for what they are worth, and the jury in such a case should be allowed to weigh them and determine their value. If they were made to a physician or surgeon while he was examining the party as a patient, for the purpose of medical or professional treatment and for that purpose only, the declarations would be of great value. If, however, they were made at any other time or under any other circumstances, they might not be of such great value. If made casually to some person not a physician, and with whom the party had no particular relations, they might possibly in some cases be of very little or no value. Also, if the declarations are made to a physician or other person merely for the purpose of obtaining testimony in the party's own case, they might be of but very little value, and possibly in some cases be wholly excluded.

In a case recently before the New York Supreme Court, a person was on trial, and it was sought to show that he was insane at the time of committing the deed. The jail physician was called as a witness, and a hypothetical question asked him involving the point which related to a period before the witness knew him. The physician stated that he would probably be influenced in his answer by his knowledge of the patient after his admission to the jail. He was allowed to answer, and this was alleged on appeal as one of the grounds for reversing the verdict. The Court held, however, that answer was competent, notwithstanding the qualification made by the physician.

ELECTRO-GYNECOLOGY.

By J. T. EVERETT, M.D.,
GRINNELL, IOWA.

THE literature of electro-gynecology is so much scattered; it is so unattainable by the general practitioner, and more especially by those in the rural districts; and the enunciations of those who have written upon the general topic of electro-therapeutics are so much at variance, and they are so very indefinite and often contradictory in the use of terms, the manner of use, and the proper dosage of this valuable agent, that many who read are more confused than enlightened by their study. This assertion is so markedly true in the field of electro-gynecology, that one may be pardoned for any effort, however crude it may be, to assist in systematizing and arranging the laws which govern its use, and adding testimony on one side or the other of the mooted question.

In an arduous and extensive practice of upward of a quarter of a century, assisted by voluminous reading of the works of the most active and progressive students, and an acquaintance and correspondence with many of the best thinkers and most successful workers in this specialty, convinces one of the certainty of the proposition that these laws may be as accurately defined and tabulated in the domain of electro-therapeutics and in that of electro-gynecology as in any other department of therapeutics.

During the earlier years of our professional research in this direction there was so very little written, the facts were so meagre, and the statements so obscure, diffuse, and indefinite, and often carried the taint of empyricism or quackery, that an impartial and systematic study of the subject was very laborious and unsatisfactory. The subject of electro-therapeutics was then just emerging from the caves at the bottom of the valley of disrepute, where it had been too hastily consigned by a host of

honest yet unsuccessful amateurs, who, with an imperfect machine and a still more imperfect knowledge of its mechanism and use and the laws which control its applicability to given cases, had failed so largely to benefit, and had doubtless, in some instances, done absolute harm, that the odium of their failures, reinforced by the blatant boasting of notorious quacks, had well-nigh consigned the infant science to the unmerited shades of stygian oblivion. Believing there was a vast power for good in this agent, a continued series of experimental research was kept up until success perched upon our banners, and for the last eighteen or twenty years we have relied upon this agent as a potent factor in advancing the cure of very many pelvic diseases. Not, of course, relying upon this entirely to the exclusion of well-recognized medical and surgical measures, but supplementing and assisting rational treatment with this agent. In the varied pathological conditions of the gyneatic system, the closest scrutiny and the most accurate diagnosis must be made if electricity is to be used as a remedial agent, lest we do the very opposite of what we intend.

An indiscriminate use of the different currents and combinations of current qualities may not only fail to do good, but, conversely, may do actual and irreparable harm. A case in illustration of this point occurred several years ago in Illinois. A lady, who had been treated successfully by an electro-specialist, had become infatuated with the science, and had set up as a practitioner of "Electro-cure-em-all." The first victim which came to her net (and the last) was a frail, anæmic lady, with retroflexion and pelvic cellulitis. The tyro passed a fifty-cell current from foot to foot for thirty minutes. Result,—sudden and permanent paralysis of all the tissues through which the current passed. In this necessarily brief and superficial view of the subject, it is presupposed that the reader is conversant with the mechanism and operation of the various batteries manufactured, and there are some dozens of nearly equal aggregate usefulness. Therefore we shall spend no time upon this aspect of the case, neither shall we specify preferences for particular kinds, but devote our time and space to detailing the indications for treatment,—the kinds, qualities, quantities, and combinations, and the methods of using the currents which have been most successful in our hands in combating the varied diseases.

It will be unnecessary to dwell upon the writings of such authorities as Beard and Rockwell, Althaus, Meyer, Hammond, or of Apostoli, Englemann, or a host of other careful and pains-taking investigators of the subject of central galvanism as an alterative tonic of the entire system, and a therapeutic measure of vast benefit in chronic cases. Neither will an extended review of the literature of the same authors upon the subject of general faradization as a derivative and cutaneous, as well as a muscular and circulatory, equalizer and tonic stimulant in similar cases, be necessary. These forces, in combination with general tonics, alimentation, and hygiene, are of general utility.

AMENORRHŒA.

In this disease, perhaps, electricity has been used more frequently, and with less intelligence and accuracy, than in almost any other class of diseases. The reason for these numerous failures is because the physician failed to discriminate amenorrhœa from absence of the proper organs of reproduction, or from imperfect development of these organs, or from organically diseased or displaced genetitia, or from anæmia, neurasthenia, specific, or any other constitutional malady. In cases where the most pains-taking and exhaustive research leaves us in doubt as to whether there is not an absence or faulty development of some of the essential organs of reproduction, the prognosis should be exceedingly guarded; for, while in rare instances it may be true that a long-continued course of treatment may so stimulate a dormant organ as to revivify and vitalize it, yet these results are so exceptional that they are by no means to be relied upon. Whenever these organs are properly developed, or are but little below the normal standard of development, or are simply in a dormant state, then a cure can be effected with a fair degree of certainty. This is doubly true if there has been an occasional or periodic molimina, with or without the extrusion of blood. Even here electricity may be productive of permanent good or of destructive mischief, according to its use, and the determination of whether the suppression be due to anæmia, neurasthenia, organic lesion, or mechanical occlusion. In such cases as show an entire absence of the menstrual function, with faulty development of the sexual organs,

while there may be less certainty, yet a fair probability of success, if appropriate remedial agents are used in conjunction with a correct selection and combination of currents, will exist. Should we find the organs well developed and the general system in good condition, the faradic current, applied through the vagina to the ovaria, systematically and continuously at stated intervals, with proper nerve-food and stimulants, the result as a rule will be favorable.

Even should there be found some local malformations or faulty development in the pelvic organs, a proper use of the combined electro-faradic current may, and often will, produce the necessary stimulation if accurately applied to favor the growth of the embryonic organs.

In such cases care must be exercised not to lose sight of the fundamental axiom of electro-physiology: that the anode soothes and drives blood from a part, while the cathode stimulates and calls blood to a part. If we wish to nourish or promote the growth or development of an organ, it is incumbent upon us to favor the afflux of blood to that organ. Our method has been to stimulate the weakened or deficient part by placing the cathode over it, and passing a current from fifteen to twenty milliampères, accompanied by a gently-stimulating faradic current, through the weakened parts for twenty or thirty minutes daily. This combined current is obtained by attaching the negative electrode of the galvanic circuit to the part which it is desired to stimulate. The positive rheophore is then connected with one of the delivering posts of the faradic machine, and the other binding post is connected by a large electrode with some indifferent part of the patient's person.

As the susceptibility of people differ widely, care must be taken not to use a current intense enough to give absolute pain, remembering that the constant current produces a chemical effect, stimulates and calls blood to the part, while the interrupted secondary current causes muscular contractions, increases the circulation, and aids nutrition.

When the amenorrhœa proceeds from anæmia, iron, tonics, and manganese must be supplemented by generous feeding, nerve-foods, and pure air. A current of ten to thirty milliampères may be passed from the jugular fossa to the epigastrium for five or ten minutes; then gently stroke the spine with the anode while the cathode remains over each jugular fossa in turn. Should this produce too much stimulation, the faradic current may be used by applying one electrode over the sacro-lumbar region and the occiput successively, while the other, through the hand of the operator, is applied to the abdomen and solar plexus for fifteen to thirty minutes daily. Should the amenorrhœa result from neurasthenia, general and nerve-tonics may be advantageously assisted by the use of the constant current, with the anode at the occiput and the cathode at the sacro-lumbar junction, while a power of twenty to thirty milliampères passes. The same current in conjunction with a moderately strong faradic current may be passed with the anodal electrode at the abdomen (by means of the electric hand), the cathode remaining *in situ*. The combined current has proved more strongly tonic than either current alone. Varius Gamalelii, in electro-therapeutics, at whose feet we have sat and learned many useful lessons, advises much higher potentialities, some as high as fifty or even one hundred milliampères; but the number which we have mentioned above have given us more general satisfaction in a large number of cases. So true is this, that in later years we have relied almost exclusively upon large quantity and low intensity.

MENORRHAGIA.

In this malady, the interrupted has given less general satisfaction in controlling the excessive flow than the continuous current. Here is one of the pathological conditions where the electric current shows its vast superiority over any other therapeutic agent known.

While this cannot be classed, strictly speaking, as a distinct disease, yet the morbid action is so constant, from whatever cause, that the treatment is very similar, and it may be treated of as a distinct pathological condition. While the excessive flow may arise from several distinct causes or diseased conditions, yet the end to be attained is the same,—*i.e.*, regulating the excessive flow,—that we resort to electricity in various instances and with usual success. In this condition, as in amenorrhœa, a careful and accurate diagnosis is imperative. A distinction must be made in the method of treatment between uterine fibroids, polypi, congestion of the uterus, or fungous degeneration of the endometrium. In simple hyperplasia of the uterine mucosa, an insulated sound may

be introduced into the cavity of the womb, to which the anode is attached, while with the cathode at the sacrum, a current of thirty to fifty or eighty milliampères may be passed for ten or fifteen minutes daily, moving the anodal electrode successively over the entire inner or diseased uterine mucosa. Here we are not only permitted, but compelled, to use a higher degree of electro-motive force than in some other cases. Apostoli and Englemann have ventured as high as one hundred and two hundred milliampères, but we have derived better general results from a more conservative practice, using from twenty to fifty milliampères. While our results have not been as strikingly rapid, yet we avoid all shock and septic danger, and our percentage of cures are greater. We have not lost a case in fifteen years.

Care must be exercised in these cases to use a large cathode, in order to avoid blistering the point where it is applied. Apostoli's clay-electrode is cumbersome, uncleanly, and troublesome. We have found a large, thin plate of nickeled copper, protected by a moist towel, to give much better satisfaction. Under high potentiality the endometrium is cauterized and destroyed, the exudation is coagulated, and the blood driven back from the denuded tissues, and healing is very rapid and satisfactory.

In cases of uterine polypi the treatment is quite different. If the polypus is pedunculated a platinum loop may be thrown around the base of the pedicle, and with gentle traction, while a cautery battery brings the wire up to a dull-red color, the pedicle is slowly severed and the growth removed. In these cases the cure is usually very rapid and certain, and accompanied by very little difficulty. Our record shows a cure in ninety-nine per cent. Should the polypus, however, have a broad base, the difficulties and dangers increase inversely as the thickness of the pedicle and its vascularity.

Here the stronger faradic current, applied through the growth, will contract and harden the tissues, shut off the afflux of blood to the part, and lessen its vitality. Then with the electric current the base may be carefully and slowly divided, remembering to have the current always positive, with the negative applied near by to a large electrode. All redundant tissues and morbid growths must be carefully destroyed. After this is done, a faradic current must be passed from sacrum to abdomen daily for some months.

In the case of uterine fibroids a still different course is to be pursued. In our earlier practice we used insulated needles, inserted deeply into the fibroid body attached to the cathode of a strong galvanic current, often with sixty or one hundred zinc-carbon cells in the circuit. (Not possessing a milliampère meter at that time, we measured the strength by the number of cells in the circuit.) Later experiences have convinced us that less power, with longer *séances*, with from twenty to thirty milliampères diffused through a large, positive electrode over some indifferent point, while the cathode is over some spot as near as possible to the growth, in order that the current may traverse the substance of the neoplasm. When the fibroid is intra-uterine, a better plan is to introduce an insulated electrode into the uterus and pass a strong current directly through the growth.

This procedure accomplishes the desired object with minimum pain and shock. Eighty-four per cent. of these cases have resulted favorably in our hands, two per cent. passed by successive stages of retrogressive metamorphosis into sarcoma and carcinoma, one per cent. resulting in septic peritonitis and death. In cases of continuous troublesome uterine hemorrhage from a relaxed condition of the mucous tissues, accompanied by an hemorrhagic diathesis, the combined galvano-faradic current passed successively through the pelvis from abdomen to sacrum, and from a large anode in the vagina to each ovary, is usually curative after long-continued daily treatment.

Our record in these cases is one hundred per cent. of cures. Here the constant current used should not be above ten or fifteen milliampères.

DYSMENORRHŒA.

Here, also, is a fertile field for the display of skill by which we may confer an inestimable blessing upon suffering woman. Again we must be permitted to reiterate the axiom, that an absolute diagnosis is necessary in order to attain our object,—*i.e.*, the cure of the disease. For here, again, we have no constant disease to treat, but any one or combination of a number of pathological conditions which cause pain at the menstrual epoch. Should we find that we have simply uterine or ovarian neuralgia, we may, if indicated, give systemic tonics internally, and apply the anode over the painful spot, with the cathode at some in-

different place, and pass a gentle current of from five to fifteen milliampères through the parts for from ten to thirty minutes, at stated intervals either daily or every second day. In these cases a very large percentage will yield promptly to treatment, and in a few months will be permanently cured. When investigation shows the dysmenorrhœa to be the result of flexion the treatment must vary to meet the indications, viz., to correct the flexion. In case the os is patulous, a large (No. 8 to 12) sound may be used, care being taken to properly insulate all its surface, except three-quarters to one inch, about one inch from the extremity, with shellac or some easily applied insulator. This electrode should be passed up the flexed neck, and with the cathode attached and the anode applied over the back, abdomen, or ovaries. Opposite the direction of the flexion a mild current of five to fifteen milliampères should be passed twenty minutes daily until cure follows, which will be in from three to six months if persevered in persistently.

Ninety-two per cent. of our cases of this character have given satisfactory results. In numerous instances this procedure must be accompanied by other local and general measures, such as the breaking up of old adhesions, etc. We have already indicated the proper treatment of fibroids, under the head of menorrhagia. These neoplasms may be the cause also of dysmenorrhœa. When situated in the interstitial tissues of the uterine neck, their treatment and dispersal must be attended to as therein specified. Where the cause of the dysmenorrhœa is an occluded os, this may be remedied by introducing a fine insulated probe, and with a low negative power pass from five to eight milliampères for from twenty to thirty minutes daily for three or four days previous to the menstrual epoch, faradizing the pelvic organs *ad interum*, taking care and being constantly on the watch for incipient pregnancy by designing females. In cases of constitutional neurotic cachexia producing this condition, general tonics and reconstructives are indicated, accompanied by general faradizations and central galvanizations, one or both at stated intervals, preferably daily, with plenty of fresh air and out-of-door exercise, remembering not to carry this to the degree of fatigue.

Dr. B. F. Chilcott, formerly of Colfax, Pa., is practicing his profession at Osborne, Kansas.

THERAPEUTIC NOTES.

ANTISEPTIC SPRAY FOR REDUCING ACUTE AND SUBACUTE INFLAMMATION OF NASAL MUCOUS MEMBRANE.

℞	Sodii bicarb.,	ʒviij.
	Sodii bibor.,	ʒviij.
	Sodii benzoate,	gr. xx.
	Sodii salicylate,	gr. xx.
	Eucalyptol,	gr. x.
	Thymol,	gr. x.
	Menthol,	gr. v.
	Ol. gaultheria,	gtt. vj.
	Glycerin,	ʒviiiss.
	Alcoholis,	ʒij.
	Aquæ, q. s. ad	Oxvj.

This formula gives a solution which is sufficiently alkaline to dissolve the thickened secretion adhering to the nasal mucous membrane, and, as it is of the proper density, it is bland and unirritating, leaving a pleasant feeling in the nose. At the same time it is antiseptic and acts as a deodorizer, being in this respect far superior to Dobel's solution, or any other non-irritating deodorizer and antiseptic. As it is, however, inconvenient for many patients to have so large a quantity of solution on hand, one of our Philadelphia druggists made the solid ingredients into a compressed tablet, so that one, when dissolved in two ounces of water, will make a solution identical in its effects with the solution made after the above formula; and patients prefer the tablets to the solution.—Dr. Carl Seiler.

PREVENTIVE INOCULATIONS FOR SCARLET FEVER.

Stickler (Gazette Méd. de Paris), having observed that horses are often affected by a disease quite similar to scarlet fever, inserted about six drops of the nasal discharge under the skin of four rabbits and a dog, and within twenty-four hours an exanthema resembling scarlatina appeared, which was followed in four days by desquamation. The associated symptoms were fever, anorexia, redness of the nasal mucous membrane, with abundant secretion by an enlargement of the lymphatic glands. The animals recovered in eight days, and the inoculation of scarlatinal blood gave negative results. Subsequent experiments on human subjects produced similar symptoms, and after recovery inoculation with scarlatinal blood gave absolutely no result.—*Druggists' Circular*, October, 1888.

CHOLERA INFANTUM.

℞ Argenti nitrat., . . . gr. j.
Acid nitric. dil., . . . ♏ viij.
Tinct. opii deodorat., . . ♏ viij.
Mucil. acacia, . . . fʒss.
Syr. simplicis, . . . fʒss.
Aq. cinnamoni, . . . fʒj.

M. Sig.: A teaspoonful every three, four, or six hours to a child one year old.—BARTHOLOW.

CONSTIPATION.

℞ Tinct. nucis vomicæ,
Tinct. belladonæ,
Tinct. physostigmæ, . āā ʒij.

M. Sig.: Thirty drops in water morning and evening.

When constipation is due to torpor of the muscular layer of the intestine, combined with deficient secretion of the mucous membrane, this formula is often very serviceable, or the following may be taken:—

℞ Tinct. columbæ, . . . ʒxv.
Tinct. opii deodor., . . ʒj.

M. Sig.: A teaspoonful in a wineglassful of water before meals.—BARTHOLOW.

FOR SUPERFICIAL NEURALGIAS.

Garretson's favorite application for superficial neuralgias, especially of the face:—

℞ Aconitini, ... gr. ij.
Veratrini, ... gr. iv.
Olei tiglii, ... gtt. ij.
Olei olivæ, ... ʒij.

M. Sig.: Rub over the affected spot thrice daily.—*Medical Summary.*

A safe, pleasant, and effective remedy for neurasthenia, cephalagia, nervousness, insomnia, etc.:—

℞ Caffein citras, . . . gr. xvj.
Antipyrin, ... ʒij.
El. sodium bromid., . . fʒij.

M. Sig.: Teaspoonful every two hours till relieved.—E. BORIES, M.D., Dayton, Wash. Ter., in *Medical Summary*, October, 1888.

INOCULATION TO PREVENT CHOLERA.

Dr. Nicholas Galameia, of Odessa, has made a preliminary communication to the French Academy on this subject. His experiments so far have been confined to animals. He found that the cholera virus, on being transferred from man to the guinea-pig, and from this animal to the pigeon, acquires an extreme virulence. But the same intensified virus, after cultivation in the proper bouillon and heating to 120° C., will form an inoculating material which renders pigeons perfectly cholera-proof. Dr. Galameia requested M. Pasteur's permission to come to Paris and repeat the experiments in his laboratory—first on animals and finally on his own person. M. Pasteur, after agreeing in the main with Dr. Galameia's theories, and granting his request, so far as the laboratory is concerned, moved that the memoir be referred to the committee on the Bréant cholera prize, which proposition was adopted. —*Druggists' Circular*, October, 1888.

SYRUP OF WILD CHERRY.

The first step in the preparation of this syrup is to saturate thoroughly, with cold water, six ounces of finely ground wild cherry bark. Put this in a tightly closed container, and let it remain undisturbed for twenty-four hours. Then pack it into a percolator, and pour cold water on it until a pint of percolate has passed, and in this dissolve the sugar. It is of the utmost importance that the process of percolation should be carried on very slowly. If the material is packed too loosely the menstruum will pass through too rapidly. This can best be remedied by closing the outlet of the percolator to such an extent as to compel the liquid to come off slowly, drop by drop. By keeping it in a cool place, this syrup will remain unimpaired for a reasonable length of time; but if it should be prepared in considerable quantity, and it should be desired to keep it on hand for some length of time, it is best to add about three ounces of glycerin to the pint of syrup. In this case, for every ounce of glycerin added, decrease the sugar two ounces.—DR. FRITZINGER in *Medical Summary*.

THE THERAPEUTIC VALUE OF WARM WATER.

Warm water is always in great favor in obstetric practice. There is probably no better application in the case of abundant metrorrhagia than vaginal injections of very warm water. In medical practice the uses of warm water are steadily increasing. Tripier, of Lyons (Rev. Gen. de Clin. et de Ther.), recommends bathing with water at 45° C., and even at 48° C., to ease the pain of saturnine colic, the rectal or vesical tenesmus of tabes, and also of dysentery. In hæmoptysis, very warm infusions will succeed much better than cold or iced drinks. It is equally useful in vomiting, which may often be arrested in the same way when it has resisted the use of ice internally and externally.—*L'Union Médicale du Canada.*

HYDRASTIS CANADENSIS.

Givopiszew, having made numerous clinical observations and experiments with animals, has reached the following conclusions:—

1. Hydrastis canadensis is an excellent remedy for uterine hemorrhages due to inflammation and to false positions of that organ, as well as for the hemorrhages incident to the menopause, and in the case of excessive menstrual flow.

2. The uterine contractions produced by hydrastis are less intense than those produced by ergot.

3. Its use has no injurious effect upon the organism. Taken even for some length of time, it causes no gastro-intestinal disturbance; on the contrary, it often controls dyspepsia which has formerly existed.—*L' Union Médicale du Canada.*

OLEATE OF COPPER FOR RINGWORM.

At one of the asylums for orphan boys in this city, Dr. Blanc has recently treated twenty-seven cases of ringworm of the scalp (tinea trichophytina capitis) with oleate of copper made into an ointment with vaseline, in the following proportions:—

℞ Cupri oleat., ... ʒss.
Vaselin (vel lanolini), . . ʒj.
M. Sig.: Apply to scalp.

The method pursued is to wash the child's head thoroughly with soft soap and warm water, after having cut the hair as close as possible. When the head is well dried the ointment is rubbed on the scalp, over and beyond the diseased spots, and allowed to remain. The scrubbing of the head is practiced but once a day, but the salve is applied night and morning.

In a few of the milder cases, a salve of chrysarobin (chrysophanic acid), half a drachm to the ounce, was applied, but always immediately discontinued as soon as irritation was produced.

The oleate of copper application, from its soothing and antiseptic properties, was found particularly useful in those cases which had gone on to produce kerion, and was found altogether much more serviceable than chrysarobin, which latter was finally completely discarded.

The disease, which averages in duration some six months, particularly in public institutions, was cured in this instance in a somewhat shorter time, as the following statement will show:—

Began treatment of twenty-seven boys with oleate of copper May 1, 1887.

July 13th, discharged four cases—74 days.

August 24th, discharged four cases—116 days.

August 28th, discharged six cases—120 days.

September 3d, discharged seven cases—126 days.

September 22d, discharged three cases—145 days.

October 13th, discharged last three cases—166 days.

Average duration of treatment, four months and four days.

The last six were cases of kerion, in which there was inflammation of the subcutaneous tissue before the copper was applied; and the cure of one of them was retarded by a temporary removal from the institution.

The disease had been communicated by two cats upon the premises which were pets of the boys, and ceased to spread as soon as the cats were removed and the boys isolated. Epilation was not practiced in any of the cases.—*N. O. Med. and Surg. Jour.*

ABORTIVE TREATMENT OF SYPHILIS.

Hutchinson has announced to the London Medical Society that he has prevented the appearance of secondary symptoms, and hence the establishment of induration, by the ingestion of one grain of hydrargyrum cum creta, three or four times daily for a period of from six to nine months. . . . This preparation is better than the sublimate or iodide of mercury. It can be supported longer and the dosage is smaller.

Dr. Hutchinson's experience with this remedy has been confirmed by Dr. Pitt, who has also obtained good results. It is very rarely that the drug is not tolerated and the treatment obliged to be interrupted.—*Lemaine Medical.*

THE BROMIDES.

There are three official bromides—the bromides of potassium, sodium, and ammonium. Certain effects are produced by the long-continued use of the bromides to which the term "bromism" is applied.

The symptoms constituting bromism are—

1. An eruption like acne, which may go on to the formation of boils or even small ulcers. It is seen chiefly on the face and back. The

face at the same time presents a muddy or dusky hue.

2. Abolition of the reflex action of the soft palate, evidenced by absence of movement when the back of the throat is irritated. Although reflex irritability is lessened there is no true anæsthesia, the pain of an operation on the part being felt.

3. The intellectual faculties are blunted, the memory is impaired, the ideas are confused, the patient is dull, stupid, and apathetic, and has a constant desire to sleep.

4. The speech is slow and impaired, the tongue is tremulous, the body is infirm, the limbs are feeble, the gait is staggering, and the movements are inco-ordinated.

5. The sexual powers are impaired, or even temporarily abolished.

6. There is general cachexia.

These symptoms are, for the most part, due to impairment of the functions of the spinal cord and brain. They soon disappear when the administration of the drug is discontinued.

The bromides are absorbed by the stomach and pass quickly into the circulation. In animals the bromides give rise to a diminution of reflex irritability and cutaneous sensibility, due in part to the effect of the drug on the cord, and in part to its influence on the sensory nerves. They contract the blood-vessels, including those of the brain, and induce anæmia of that organ. The potassium compound is more depressing than the ammonium, the ammonium more than the sodium.

Applied topically, bromide of potassium impairs the contractibility of the voluntary muscles and destroys the functions of the motor nerves. It lessens the frequency and force of the heart's contractions, shortening the systole and prolonging diastole, finally arresting it in a condition of diastole. The action on the heart is probably due to the potassium of the salt and not to the bromine.

The bromides are eliminated with the urine, and traces may be detected within ten minutes of taking a dose. As excretion takes place slowly, they may appear for some days after the drug has been discontinued. They may be detected in the milk, sweat, and saliva.—Dr. William Murrell in *The Hospital Gazette.*

MIGRAINE TREATED BY ANTIPYRIN.

As the action of antipyrin in migraine has recently occupied a good deal of attention in medical circles, the clinical record of the following case may not be devoid of interest:—

W. B—, male, æt. 60; no evidence of any organic lesion or functional derangement; a sufferer for over twenty years from migraine, coming on at intervals of from two weeks to three months, usually every five weeks, and lasting from twenty-four to forty-eight hours. He never gets any relief till emesis (which occurs four or five times, almost invariably at the fifteenth or thirtieth hour, as the case may be, from the onset) takes place, and sometimes not for many hours afterwards. Was bad ten hours when I saw him, and the attack was at its height. He was made to lie down in a darkened room, and given two five-grain tabloids of antipyrin every half hour. Felt better after one drachm had been taken; temperature not appreciably altered; pupil slightly contracted; the pulse, which became quicker after the third dose—viz., thirty grains—was now only seventy-four per minute. Treatment continued, and with the exception of slight nausea on rising, and a little tenderness of the pericranium, was all right in six hours, having taken two drachms.

Observations.—Though the patient complained of coldness of surface, the thermometer in mouth and axilla stood at 98° only. Had measures been taken during the prodromal stage, so much of the drug would not have been required. No diaphoresis or diuresis took place, although the alkaloid was detected in the urine twelve hours after. Did not produce any untoward symptoms, such as coryza, urticaria, or collapse.

Conclusions.—(1) That antipyrin cures migraine occasionally when at height (not generally believed). (2) It does not seem to have much antipyretic power when the temperature is normal, as it was in this case. (3) As I was obliged to discontinue its use in another case, the notes of which I have not now by me, owing to the supervention of very troublesome coryza and extreme coldness of surface after one drachm had been taken in divided doses, no amelioration of suffering having taken place, I consider that this new product is uncertain in its action, and should be administered with great caution, ascertaining the temperature, condition of pupils, and state of heart and pulse before giving a subsequent dose.—Dr. G. E. J. Greene in *The Provincial Medical Journal.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, Nov., 1888.

MANUAL TRAINING IN SWEDEN.

THE subject of manual training in schools is rather backward in the United States, and this is the more conspicuous by reason of the enterprise displayed in the various branches of industry. In nearly every department, it is generally believed, this country is prepared to compare favorably with foreign manufactures, but the systematic training in handiwork of the rising generation is one of the things that has been overlooked, with the result that in many of our workshops foreign labor displaces the unskilled work of our own citizens. In a late issue of the British Medical Journal we have a brief reference to the educational process conducted in Sweden and known as "Sloyd." It is distinct from carpentering by being confined almost exclusively to the use of the knife, the pupil being taught to do a variety of things by the use of this common utensil, and it is said to form an admirable preparation for technical education. When we think of the primitive character of surgical dressings which were wont to be used, and compare them with those in vogue at the present time, it is a great relief to think that they have been doomed; but with the rising generation drilled in handicraft such as can be accomplished with the ordinary pocket-knife, it is impossible to estimate the improvements that are calculated to follow those cumbersome contrivances which have now become obsolete.

With manual training and cooking and sewing taught in our common schools, coupled with the thorough system now prevailing in most of the large cities, it is only a question of time when the children of the United States will stand at the head in all industrial pursuits. Sloyd is to be introduced into England, an organization for the purpose having been effected. Its object at present is to train teachers, and it is suggested that this may be employed as a means of diversion in the case of convalescent patients who are unable to go outdoors. Children may be initiated into its mysteries, when reading and study are contra-indicated, with much benefit, as it requires the exercise of nearly all the muscles, gives the little fellows an object to work for, and, besides, it has a practical side. We shall be glad to hear that steps have been taken to introduce this method into this country, and believe all that is needed will be to call the attention of some wealthy philanthropist to the matter who desires to be classed as a benefactor.

CLINICAL FEATURES OF TYPHOID FEVER.

THE clinical features of typhoid fever are not always clearly indicated in the early stages of its development, and this fact, coupled with the great fear entertained on the part of certain classes, no doubt has caused physicians to be unwilling to decide positively the real character of the disease. This statement is rather more than a faint surmise, and apparently is confirmed by the frequency with which we hear of cases of simple fever to which the patient finally succumbs. Again, typho-malarial fever has been originated to accommodate those who are afraid of the real disease, and doubtless many and many is the case of simple typhoid of a mild form which has gone through its regular course as a case of "continued fever."

In a paper recently published, by Dr. W. W. Johnston, of Washington, D. C. (Medical News, October 6, 1888), upon the "Geographical Distribution of Typhoid Fever in the United States," he has referred to the various affections simulating true typhoid, and he also remarks that it is a peculiar disease in that it may present different degrees of intensity. The malarial complication is the more frequent, and probably in this way it occurred to Dr. Woodward to call this by the double name and thus cover both affections. But the real conditions attending the disease were not so well known then as at present, and that name has been discarded. Dr. Osler says (*loc. cit.*) it is as easy to determine whether or not we have to deal

with malaria as to determine the presence of the bacillus tuberculosis simply by an examination of the blood. Dr. Reeves (*loc. cit.*) believes that the disease is as communicable as any infectious or contagious disease, and records that in studying the history of its development in West Virginia he found that it was imported from Athens, Ohio, in 1832, and has been in existence in that section of the country ever since. Whether a mere coincidence or not, he says that since the appearance of the cholera the people have suffered from typhoid fever. In low countries he has observed that the type is different from that seen on the table-lands; the former cases are frequently complicated by malaria, while the latter are clear and discrete attacks. But of the relative mortality of the two classes he failed to make any note, although he mentions what we all know, viz.: that at times the mortality is comparatively light, while in other instances the deaths will be unusually large. Of course, this is often the case in other diseases, and not infrequently, at the beginning of an epidemic, the first cases are generally fatal, but as the disease progresses it seems to lose a part of its virulence, and becomes more amenable to treatment.

Dr. Johnston pointed out the necessity for being able to distinguish between true typhoid and malarial attacks, known either as bilious or remittent, and from those anomalous forms which occasionally harass the physician, which appear to be brought about by causes unknown. Simple continued fever may so simulate typhoid as to render the diagnosis difficult, and if we accept the statements of Dr. Reeves, that it may and does occur in very young children as well as in octogenarians, it is important that the conditions attending its appearance and the circumstances connected with its progress should be scanned with the greatest caution, treatment in the meantime being conducted on a plan which will be likely to contribute to the best interests of the patients, whatever be the ultimate decision. It would be far better to adopt this plan than to have a long list of patients suffering from gastric fever, such as the writer heard of not long ago. The pastor of a certain church in the course of his visits became so well acquainted with the tactics of one physician that when his name was mentioned he could instantly name the disease, or when the disease was named he could tell who was the physician in attendance.

In conclusion, we have to say that the clinical features of typhoid are of such importance that they should have more attention than heretofore, and, as Dr. Wilson suggests, we should consider it from an etiological standpoint.

THE VALUE OF CLINICAL RESEARCH.

FOR some time past the clinical observers have not been prominent in making history, those engaged in what they were pleased to term "original research" and the bacteriologists having largely taken the attention of the medical profession and practically of the world. Editor Dolan, of the Provincial Medical Journal, puts the matter tersely in the following paragraph:—

"Original research, being encouraged by endowments and by the fashion of the day, naturally has thriven. In the jargon of the day, original research was to be the keystone to unlock all the secrets of medicine, and we have had vivid pictures painted for us by world-renowned medical men on the future triumphs of medicine."

For several years the great craze has been the study of bacteriology, and, admitting that much information has been added to our stock, much has been said and written which will never be of any practical value. The discoveries of the bacteriologists are to be used in the future by the clinicians, and although we may not at present be able to utilize all the discoveries that have been made thus far, it will form a valuable fund in the future for the purposes of comparison.

Physicians who have been in practice a number of years will remember the excitement produced when it was proposed to study disease and the action of drugs upon the human body from a chemical standpoint, and it was then suggested that it was but a question of time when we should have man produced synthetically. By chemical investigation it was possible to distinguish the ingredients of the different tissues of the body, and if other natural

products could be made in this way, why not also the human body? In this matter, however, it was never suggested as possible that the breath of life could be breathed into it. While chemistry has done much for the advancement of medical science, and while great advances have resulted from the work done in the laboratory, from original research, it remains for the clinical observer to find the proper places for the judicious application of all their discoveries.

THE DANGERS OF RAILWAY TRAVEL.

SEVERAL years ago it was estimated, from the number of railroad accidents that had occurred for a period of years in the single State of Massachusetts, that it was even safer for a person to travel in that State than to remain at home, going to town occasionally. The percentage of deaths from accident in those not exposed was far greater than in those traveling on the railway cars. Times have changed, however, since then, and railroad travel in these days is one of the most hazardous occupations. The large number of accidents that have occurred in the neighborhood of this city within the past few weeks is appalling, and we are loth to estimate the fearful results which would have occurred in the collisions had there been the usual danger, the modern car-stove, as a factor. Methods of heating railway coaches without danger to the passengers in the case of accidents are imperatively demanded, and will probably be as strenuously opposed by the companies on the score of expense, on the assumption that methods suggested are not practical, and that they are anxiously waiting for the best invention that can be produced. While it is not urged that immediate measures should be adopted and the car-stove banished at once, we must beg to remind the companies that this matter has been under discussion for a long time, and ample opportunity has been had for experimentation and invention. We cannot look calmly on the scene while the process of slaughter is actively going on; it behooves every enterprising citizen to take the most efficient means for the protection of his family and his friends and for upholding the honor of the State, and when the authorities are convinced that something must be done, a way to accomplish the object will be found.

The method—or, we should say, various methods—are now on trial, and although nothing definite has been divulged, it is intimated that those engaged in the study think they are working in the right direction, and that they will shortly be able to present a plan which will commend itself to all.

PICRATE OF AMMONIA FOR MALARIA.

WE quote from the Chemist and Druggist a statement, which, if credible, is a wonderful discovery, regarding the use of the picrate of ammonia for the relief of malaria. The announcement is made on the strength of Dr. H. Martyn Clark's experience at the Amritsar Medical Mission, Punjaub, who, our authority says, has treated no fewer than ten thousand cases of this character with this remedy, in half of which he has kept an accurate account. Out of the latter number it failed in only nine cases, and these were quickly relieved by the exhibition of quinine. The dose of the remedy is from one-eighth to one and a-half grains, four or five times daily, although half a grain is the usual dose, and after its administration it is said the effect is soon visible. In the great majority of the cases the dose of one-half grain, given according to the foregoing directions during the interval, prevented a reappearance of the malarial paroxysm, and in but 20 per cent. of the cases was it required to continue the treatment for any great length of time, the fever leaving in the course of a few days. In one case of the quartan type the paroxysm recurred no less than six times in succession, but became less and less marked and finally yielded. Dr. Clark claims that it is equally valuable in all forms of ague, but for some unknown reason, which thus far he has failed to account for, the cases in which it has failed were of the tertian variety.

If any of our readers have used this remedy, or should they make a trial of its virtue, we shall be pleased to have a report of the results, as it is evidently a drug of some importance.

If it can be used in this section of the country or throughout the South and West with effects similar to those observed by the Punjaub physician, it will meet with a warm welcome from physicians who have to deal with this malady.

MEDICAL NEWS AND MISCELLANY.

DR. JOHNSTON FRANK, formerly of Texas, is now located at Sharp, Kentucky.

DR. W. F. BRADY has spent the past three years in Europe, and is now at Berlin.

DR. TUKE, well known as an author on the subject of insanity, is dead at London.

DR. J. S. PRAGHEIMER has been elected resident physician to the Jewish Hospital, Philadelphia.

PROF. PAUL LANGERHAUS, late of the University of Freiburg, recently died of phthisis in Madeira.

PROFESSOR BARTHOLOW delivered the introductory address at the opening of the session of 1888–9 at Jefferson Medical College.

DR. SAHLI has been appointed professor and director of the Medical Clinic of Berne, Professor Lichtheim having gone to Königsberg.

PROFESSOR WALDEYER, of the University of Berlin, will hereafter confine his teaching to anatomy proper, naked-eye and microscopical.

A BILL for one hundred and fifty thousand dollars has been rendered by Dr. Simmons, late physician to the late Samuel J. Tilden, but it is said the executors are not satisfied and will refuse to pay it.

DR. LASHKEWITSCH, late professor of internal medicine in the University of Charkow, left fifty thousand francs for the founding of a laboratory of experimental pathology in connection with the medical clinic.

DR. JAGGARD, of Chicago, contributes an interesting paper to the Journal of the American Medical Association on the occasional relation of endometritis gravidarum to the pernicious vomiting of pregnancy.

DR. HOBART AMORY HARE, of Philadelphia, who has done a good deal of excellent work in experimental therapeutics and pharmacology, has been awarded the Fothergillian Prize of the Medical Society, of London.

DEATH FROM CHLOROFORM.—Another death from the inhalation of chloroform has just been reported from the Northern Hospital, at Liverpool. At the necropsy the heart was found to be in extreme fatty degeneration.

NATIONAL QUARANTINE.—The surgeon of the United States Marine Hospital has written the Board of Health, stating that the national quarantine at the Breakwater will remain open during the whole of the present year.

VARIOUS rumors are current as to the amount of money Sir Morrell Mackenzie received for his reply to the criticisms of the German physicians for his treatment of the late Emperor. The sum has been fixed at £300, £1000, and £1500.

PROFESSOR ATKINSON delivered the opening address at the Medico-Chirurgical College in this city, on Monday, October 1st. It was an extremely practical paper, and contains many suggestions that will be found of great value to physicians.

PROFESSOR LANE, of San Francisco, Cal., the founder of the Cooper Medical College, was in Philadelphia last month, and the guest of Prof. William H. Pancoast. Dr. Lane was present at Professor Pancoast's surgical clinic at the Medico-Chirurgical Hospital.

THE number of medical students at the Medico-Chirurgical College is larger this term than any preceding term, showing that the new teachers have injected into that institution new life. It bids fair to become one of the most popular of all the Philadelphia schools.

DR. LOVE says: "A point important to keep in mind is that the oil of turpentine—cheap and always within reach—is one of the most valuable remedies in the Materia Medica, as a local and general stimulant, as a germicide and preventer of fermentation, and last, but not least, internally administered, as a checker of bleeding.

THE address introductory to the one hundred and twenty-third course of lectures in the medical department, and the eleventh course in the dental department of the University of Pennsylvania, was delivered at noon on Monday, by Barton Cooke Hirst, M.D., Associate Professor of Obstetrics.

STROPHANTHUS.—With regard to strophanthus, Professor Fraser claims that it is a better diuretic than digitalis, because the latter contracts the arterioles. Tyson thinks that clinical experience does not bear out this theoretical objection to digitalis. He considers it the better diuretic of the two, but strophanthus a good second.

DEATH from sea-sickness is a rare occurrence, but there was recently a case on the steamer "Dumara Castle," while running from Tyree to the Clyde. The patient was a little girl eight years old. She was taken with severe sea-sickness, which culminated in a convulsive fit, in which the patient died, though able medical assistance was rendered.

RESIGNATION OF PROFESSOR OSLER.—Prof. William Osler has resigned his chair in the University of Pennsylvania to take the professorship of medicine and the physicianship to the Hospital of the Johns Hopkins University, Baltimore. Dr. Osler took his late position in the University in the place of Dr. William Pepper, when the latter became the Provost.

SACCHARIN for ammoniacal urine (putrid urine) has been used with success by Dr. Thackery, of Chicago, an account of which he presented to the Missouri Valley Medical Association at its late meeting in St. Louis. He does not attempt to account for the good effect thus produced, simply stating the effects, and claiming that the test has been satisfactory.

IN a lecture upon gout, Trousseau relates a case of headache which puzzled him extremely. This was in the early days of his practice. After a long period of doubt and insufficient treatment, the case was cleared up by a frank onset of gout, in reference to which Trousseau makes the interesting remark: "I did not then know that gout and migraine are sisters."—*Clinique Médicale*, Vol. iii.

FOREIGNERS IN PHILADELPHIA.—Several of the foreign physicians and surgeons in attendance upon the Congress of American Physicians and Surgeons visited this city on their return, and were honored by the physicians here in various ways. Some were called upon to perform special operations, which they are accustomed to do in their own country, and all of them were handsomely entertained.

THE Bristol Medico-Chirurgical Review quotes the following: "The physicians of our vicinity have combined for protection against delinquent debtors. The plan adopted is as follows: The physicians make out and exchange lists of patients who are delinquent debtors. All agree to refuse medical aid to such delinquents except for cash. The plan has worked like a charm, and many old debts are being paid."

DR. LEWIS S. MCMURTRY, of Danville, Ky., President of the Kentucky State Medical Society, an active practitioner, and a gentleman who has reflected much credit upon his profession by his work upon Gynecology, called upon the editor last month. Dr. McMurtry was looking unusually well, and is still, like many of his friends in the West and South, an active, enthusiastic worker for the good of his profession and the American Medical Association.

A NEW EDITION OF THE UNITED STATES DISPENSATORY.—J. B. Lippincott Company take pleasure in announcing that a new edition of the United States Dispensatory is now being bound and will be ready in a few days. The revision has been thorough, and not merely the addition of a supplement. More than one-third of the book, or nearly eight hundred pages, is entirely new matter, while the whole work has been most carefully rewritten. The national formulary has been incorporated.

DR. HAMILTON is to be congratulated on the first three volumes of the "Transactions of the Ninth International Congress," which are now in the hands of the members. Little time has been allowed to elapse for their production. The labor of editing such a work can hardly be estimated. Two more volumes will shortly be issued to complete the series. The thanks of the members of the Congress are due to Dr. Hamilton, and doubly from the foreign members, who have received their copies free.—*Provincial Med. Jour.*

DR. R. W. ST. CLAIR says that cramps in the legs may be speedily relieved by tying a strong cord around the leg, and, taking one end of the cord in each hand, give one good pull, when the pain vanishes for the time. This remedy is said to have proven successful where the patient had been in pain for several hours. It is certainly a convenient means of relief, and may often be used with great benefit to the patient, but there is an objection that it does not remove the cause of the disturbance.

THE DISINFECTION BY STEAM.—According to experiments conducted by the Health Board of New York, it appears that dry heat, of even 280°, is insufficient to kill disease-germs, except in cases where the fabric is perfectly dry, or so loosely rolled or folded that the heat can penetrate it. But by injecting live steam into the tank, Dr. Edson's assistants have been able to disinfect clothing and bedding at a temperature of about 160°, and the goods come out of the tank unhurt, except that the colors in some kinds of cloth are effaced or badly mixed. The disinfection by steam is rapid and satisfactory.

COMPOSITION OF MOXIE NERVE FOOD.—According to the report of Mr. Francis Wyatt, one hundred parts by weight of "Moxie Nerve Food," when distilled, were found to contain three-fourths per cent. alcohol and one-fourth per cent. of the essential oils of sassafras, wintergreen, and anise. The residuum in the report was evaporated to dryness, and contained 7.880 per cent. of extractive matter, consisting of—

Sugar,	3.810
Glucose,	1.250
Sodium carb.,	1.070
Sassafras,	1.870
Gentian,	1.870
Checkerberry,	1.870
Quassia amara,	1.870

DR. GIBIER, from Paris, who has recently taken his departure from New York to Florida for the purpose of studying yellow fever, has had the courage to be vaccinated according to Dr.

Freire's method, but he was taken very ill afterward, and is not at all enthusiastic in regard to a repetition of the dose. Dr. Gibier believes that he has found the microbe in a bacillus somewhat resembling the comma bacillus, and we shall be interested in his report after an examination of the conditions surrounding the fever in our own country.

THE annual meeting of the Missouri Valley Medical Association took place at St. Louis, September 25th, 26th, and 27th, and upon all sides was pronounced a grand success. More than two thousand physicians were in attendance, and the character of the papers presented was such that no exception can be taken to the work from a scientific point of view. The meeting was presided over by Dr. Dudley S. Reynolds, who is said to have given excellent satisfaction as a presiding officer. For the coming year the president-elect is Dr. George J. Cook, of Indianapolis.

THE ADULTERATION OF TEMPERANCE DRINKS, TONICS, AND BITTERS.—Dr. Chenery, Boston, U.S.A., has devoted himself to the exposure of the adulterations practiced with temperance drinks, besides tonics and bitters. He finds that "alcohol" is the adulterant, so that the drink crave is encouraged. He has published a long list of popular bitters and tonics in the Medical Register, giving per cent. of alcohol in each. One of these preparations contains more alcohol than the strongest brandy. Exposure may do good.—*Provincial Medical Journal.*

DAMAGES FOR INFECTION WITH SYPHILIS.—In the Paris law courts recently, the parents of a child suffering with hereditary syphilis, which communicated the diseases to its nurse, were condemned to pay about four hundred dollars damages to the woman. Each of them has also had to pay a fine of about twenty dollars. The decision was grounded on the clauses of the Code providing for the punishment for wounds or other injuries inflicted through carelessness. It appears that the parents were aware of their child's condition.—*Medical Press and Circular*, September 5, 1888.

SANITARY CONVENTION.—At Hastings, Michigan, under the auspices of the State Board of Health, Monday and Tuesday, December 3 and 4 (1888), sessions, arrangements having been made by a local committee of citizens of Hastings, acting with a committee of the State Board of Health, there will be sessions the first day at 2.30 P.M. and 7.30 P.M.; on the second day at 10.00 A.M., 2.00 P.M., and 7.30 P.M., standard time. At each session of the Convention there will be addresses or papers on subjects of general interest pertaining to public health, each paper to be followed by a discussion of the subject treated.

IS THE CORSET USEFUL OR INJURIOUS?—L'Homme, an illustrated journal of anthropological science, gives a short study on respiration in women, in which it appears that according to Mays, of Philadelphia, who examined eighty-one women, from ten to twenty, of Indian race, pure or crossed, the respiration was diaphragmatic or abdominal in seventy-five, costal in three, and costal-abdominal in three. The respiration in women without corsets is decidedly abdominal. The respiratory mode of the corseted or civilized woman is due to her costume, and not to the demands of gestation. According to Mays, thanks to the corset, women are less disposed to consumption.—*Gazette de Gynæcologie*, Sept. 15, 1888.

QUACKS PREFERRED.—The French medical press gives a curious instance of preference for quacks. A provincial magistrate received complaints that a certain person was practicing medicine illegally. The quack admitted that he practiced, but produced a diploma showing that he was doctor of medicine of the Faculty of Paris. He explained that while he was unsuccessful as a legitimate practitioner, as soon as he concealed the fact that he was a graduate, and posed as a quack, his fame began to spread, his income grew, and he saved and invested a considerable sum of money. He begged the magistrate to keep his secret, being sure that if it was known that he was a qualified man he would lose all his practice.

MANUFACTURE OF SCALE-PEPSIN.—One of the processes for the preparation of scale-pepsin which has been made public directs the digestion of sixty pounds, more or less, of dried egg-albumen with one hundred stomachs in the presence of acid, clarifying the solution, and scaling on glass. This gives, of course, a "peptone-pepsin." There have been three patents issued on pepsin and peptone. These are as follows: No. 268,138, issued October 2, 1883, to Carl L. Jensen; No. 327,567, issued October 6, 1885, to M. B. Manwaring, and No. 369,729, issued September 13, 1887, to E. Merck. Copies of these patents may be obtained from the Patent Office at Washington, and from these may be learned the processes followed by these particular makers.

Other manufacturers of scale-pepsins have not patented their processes, which are kept secret as a part of their stock in trade.—*Druggists' Circular*, October, 1888.

PROFESSOR WORMLEY'S LECTURES.—A preliminary injunction was granted on Saturday, October 6th, at the instance of Dr. Theodore T. Wormley, of the University of Pennsylvania, against Walter B. Saunders, bookseller, of 33 South Tenth Street, restraining him from selling, publishing, or otherwise circulating three books,

entitled, respectively, "Printed Notes on General Chemistry for First Year Students in the University of Pennsylvania;" "Printed Notes on Medical Chemistry for Second Year Students in the University of Pennsylvania," and "Printed Notes on General Chemistry for First Year Students, thoroughly revised and greatly enlarged, with Illustrated Notes on Bandaging. Season of 1888 and 1889."

MICROBES IN BOOKS.—The man who is not prevented from turning book-leaves with a wet finger by fastidious refinement may well pause for fear of microbes. The authorities at Dresden have been investigating the question whether circulating libraries are a medium for the spread of infectious diseases. They rubbed the dirtiest leaves of the books, first with a dry finger and then with a wet, microscopically examining the product in each case. In the first case scarcely any microbes were found on the finger; in the second case, plenty! Though all these appeared to be of a non-infectious character, the Committee winds up with a recommendation to readers not to wet the finger in the mouth for the purpose of turning over the leaves.

THE full text of Dr. Mackenzie's book was published in this country through arrangements between the London publishers and the New York Sun, the latter paying the princely sum of five hundred pounds for the privilege. It is reported that the amount so paid was divided between several newspapers. The German translation was issued in this country by the Milwaukee Herald, which had the exclusive privilege on this side of the water, and seventy-five thousand copies were ordered by the German booksellers. Not more than two thousand were delivered, however, as the police made a raid on the sellers, and even those who were acting as messengers were pounced upon and their books confiscated. A report of the German physicians, translated by Henry Schweig, will shortly be published in this country.

THE FEVER OF WHOOPING-COUGH.—The fever that accompanies whooping-cough, and whose paroxysms may prove fatal, should be controlled by aconitine and quinine hydroferrocyanate, one granule of each in the intervals of repose from the cough. Narcotics should be prescribed, but the expectoration may be facilitated by the syrup of ipecac. If broncho-pneumonia occurs, which is characterized by the sibilant rales and moist crepitation, difficulty of breathing, redness of the face, pulse 110, temperature 104° F. (40° C.), etc., it should be combatted actively by revulsives to the lower extremities, seidlitz salt to unload the bowels, and veratrine to the point of toleration, one granule every half-hour until this end is gained. The danger once passed, we should return to quinine hydroferrocyanate as a prophylactic against relapse, one granule every half-hour until complete sedation.—DR. AD. BURGGRAEVE, in the *Western Medical Reporter.*

BOARD OF EXAMINERS OF NORTH CAROLINA.—In 1886 there were 63 applicants for license before this Board; 17 were rejected—26.99 per cent. In 1887 there were 48 applicants; 14 were rejected—29.17 per cent. Of the 34 that passed the examinations, 32 were regular graduates. Of the 14 that did not pass, 8, or 59.14 per cent., were graduates. In 1888 there were 53 applicants; 17, or 32.07 per cent., failed to pass. Of the 36 that passed 35 were graduates. Of the 17 rejected, 12, or 70.58 per cent., were graduates. In 1887 and 1888 there were thus 101 applicants, 87 graduates and 14 non-graduates; 22.98 per cent. of the graduates failed to pass, while 78.57 per cent. of the non-graduates failed. At the meeting of this Board in May, 1888, it was decided that in future examinations of applicants shall be in writing, and the standard 70 per cent. Of the 36 applicants licensed at the May meeting of the Board, 2 were colored.—*Jour. Am. Med. Association*, September 1, 1888.

ERYSIPELAS AND PUERPERAL FEVER.—Mr. Doyen says: I have investigated the relations between erysipelas and puerperal fever. A review of the clinical and experimental proofs at hand show that—

1. The puerperal streptococcus, which is the microbe characteristic of puerperal fever, almost always causes erysipelas in the rabbit and a little abscess in the female, sometimes erysipelas, lung inflammations, and purulent pleurisy.

2. The streptococcus of erysipelas almost always causes erysipelas in the rabbit, and sometimes also phlegmon and peritonitis in man.

3. The streptococcus of pus sometimes causes erysipelas in the rabbit.

These three streptococci, identical in the cultures, seem to represent one solitary organism whose manifestations may vary.

The study of the microbes of the vagina has never shown me the streptococcus. This microbe always seems to be introduced into the uterine cavity by inoculation, properly so-called (by the hands, instruments, etc.).—*La Gazette Medical.*

WE copy the following from our esteemed contemporary, the Provincial Medical Journal:—

We learn from our exchanges that at a recent meeting of the Pennsylvania State Medical Society Dr. Wood, of Pittsburg, amused the Society by moving the adoption of a resolution that the President-elect shall take the following "Hippocratic oath:" "Having been duly elected President of this Society, do you promise to hold the Pennsylvania Medical Society, as it has been held by many illustrious men, as a stepping-stone to suc-

cess, as a round in the ladder of fame, as a lemon to be squeezed, as a lever to raise your hopes, as a block-and-tackle to exalt your ambition, as a peacock's feather in a jackdaw's tail, as a lion's skin on a sheep, a spur on knighthood's heel, a garter on the leg of a courtier, a medal on the breast of a hero, and a convenient method of advertising your business, and that as soon as your time expires you will forever turn your back on it and ignore it? Selah!"

CREOLIN, the new antiseptic, is a product of the dry distillation of certain kinds of English coal. It occurs as a dark-brown, sirupy fluid, having a strong, tarry odor. It mixes in all proportions with water, oil, and glycerin, and is soluble in alcohol. The watery mixtures have at first a milk-white color, but on standing, a finely flocculent precipitate separates, and the mixture assumes a brown color. Creolin is a "secret" preparation, and is, moreover, a mixture, and not a definite chemical compound, and Liebreich has very properly called attention to the fact that under the circumstances the makers can alter its composition as they see fit. However, Fischer's investigations (Phar. Zeitung, 1887, 103) go to prove that at present creolin has a pretty constant composition. He found in it, in addition to a number of other coal-tar bases, eighteen per cent. of naphthalin. He could find no trace of carbolic acid, though it has been alleged that carbolate of sodium is one of the principal ingredients.

SKIN-GRAFTING.—Some interest has lately arisen on account of a report regarding the methods adopted in the case of skin-grafting. Dr. Stephen Smith, of New York, states in the Medical Record that several years ago he transplanted skin from an amputated leg, the operation having been done for several hours, and that the grafts grew vigorously. In a late issue of the Medical and Surgical Reporter there appears a communication from Dr. R. J. Levis, of this city, who says that more than twelve years ago he practiced this method successfully, and, while he thinks he was the first to do so, he prefers to be recognized as the first to condemn the operation, for reasons which he deems of paramount importance, and which every one conversant with the knowledge we now have of cadaveric alkaloids will readily understand. There is danger, also, in this method of conveying diseased conditions, and, on the whole, it is far better that the grafts should be taken from the patient's own skin, or possibly from that of one of his near relatives—a brother or sister.

THE BACILLUS LEPRÆ.—Dr. Bevan Rake, superintendent of the Trinidad Leper Hospital, has just made a report to the Scientific Grants Committee of the British Medical Association of his "Cultivation Experiments with the Bacillus Lepræ," some of which extend over nearly four years. His conclusions are: 1. At a tropical temperature and on the ordinary nutrient media, he has failed to grow the bacillus lepræ. 2. In all animals yet examined he has failed to find any local growth or general dissemination of the bacillus after inoculation, whether beneath the skin, in the abdominal cavity, or in the anterior chamber. Feeding with leprous tissues has also given negative results. 3. He has found no growth of the bacillus lepræ when placed in putrid fluids or buried in the earth. Dr. Rake says, however, that an inquiry of this kind is practically endless, so varied are the conditions of temperature, time, nutrient media, living animal tissues or putrescent substance, and so many are the observations necessary to avoid or lessen the risk of errors of experiment.—*Jour. Am. Med. Asso.*, September 1, 1888.

MEDICAL ADVERTISING IN LONDON.—From a London letter to the Journal of the American Medical Association, we glean the following:—

"Some days ago, in passing a news-stand, my attention was attracted to a paper known as the Family Doctor. Having plenty of leisure time to read, I purchased the people's medical adviser, but was startled on opening the periodical to find a good wood-cut of Dr. William Miller Ord, of London, occupying the front page. Accompanying the picture of this medical gentleman was a clever but adroit sketch of Dr. Ord's life, given very minutely, even including his office location and all his movements but one. The medical man who wrote this article—and it was evidently written by one well informed in medical matters, or perhaps dictated by the Doctor himself—omitted to state that Dr. Ord was in Washington during the late meeting of the Ninth International Medical Congress, but out of purely personal reasons did not attend the meeting. I have since been creditably informed that the College of Physicians, of which Dr. Ord is a member, have under consideration the investigation of this recent method of medical advertising."

THE ETIOLOGY OF TYPHOID FEVER.—In concluding a paper in the Journal of the American Medical Association Dr. I. N. Davis says: "The conclusion which follows, therefore, is that the real nature of the materies morbi of typhoid fever is but little known; that if it is not autogenetic, its origin many times is involved in impenetrable obscurity; that the organism, or chemical product, is as likely to assume an active form in the healthy surroundings of an isolated farm-house as amid the filth of a badly neglected village or city; that constitutional proclivity, feeble health, or bodily fatigue has much

to do in determining an attack. It is more than probable, also, that the poison may remain latent in the system until evoked by physical exhaustion, despondency, or other conditions of vital depression. Twenty-four to twenty-eight days constitute sufficient time for the poison to escape from the body of the sick, ripen if imperfect, and produce a toxic effect on the system of a previously healthy person. The poison which perpetuates the disease is not contained in the stools alone, but may emanate, directly or indirectly, from the body of one sick with typhoid fever. Water is certainly not the medium which conveys the poison, even in a small majority of the cases, in the country."

THE CONGRESS ON TUBERCULOSIS.—The following important resolutions were passed at the recent Congress:—

1. Boards of Health should be empowered to investigate all cases of disease in animals, those which are known to be transmissible to man as well as those which are not yet recognized as of this nature.

2. The Congress expresses its gratitude for the decree, which has just been signed by the President of France, placing bovine tuberculosis among the contagious diseases.

3. The seizure and destruction of all tuberculous animals, whatever may be their appearance of health, should be a constant practice.

4. The conclusions of this Congress are applicable to all countries, and should not be considered as referring to France alone.

5. Every effort should be made, by means of circulars, lectures, etc., to warn the laity of the dangers of acquiring tuberculosis by the use of the flesh and milk of diseased animals, and to instruct them as to the best means of avoiding these dangers, and of escaping contagion through various articles used by those sick with pulmonary tuberculosis.

6. Special watchfulness is necessary in the inspection of dairies, to prevent the contamination of the milk by that coming from a diseased cow. —*Medical Record.*

SACCHARIN has at length been shown to have a medicinal value apart from its sweetening properties. According to Dr. Constantine Paul, it possesses valuable antiseptic properties, and is especially useful in diseases of the digestive passages. In doses not exceeding three to four grains it causes no disturbance of nutrition. He has seen patients suffering from diabetes who have taken it for five months without any evil result whatever. In a few cases, however, it seems to have arrested the action of the digestive ferments, causing pain in the stomach, diarrhœa, etc. Dr. Paul especially insists on the antiseptic properties of saccharin. He states that one part to two hundred prevents the ammoniacal fermentation of urine and arrests the development of *bacterium termo;* one in three hundred, that of the streptococcus of puerperal fever; and one in five hundred arrests the development of *staphylococcus pyogenus.* A 6 per cent. solution also forms an excellent dentifrice, or tooth tincture. Dr. Paul's statement has lately been confirmed by Dr. J. Little, President of the Royal Academy of Medicine in Ireland, who administered saccharin to a patient aged eighty, whose stomach was too irritable to bear quinine and boric acid. After the use of six tabloids daily for three or four days, the ammoniacal urine of the patient became inoffensive in odor.—*Provincial Medical Journal.*

CHARITY PRACTICE.—It is but justice that every man should receive remuneration for the work he does. I do not understand why doctors should be asked to give away their time and knowledge for naught. He is expected to contribute to this and that charity just as liberally as any one else, and, in addition, to treat every patient who may choose to call for his service. If the patient has no money, then the doctor is expected to treat him for "sweet charity's sake."

I learn from physicians who are located in towns in various parts of the State that they are expected to treat the "county poor" of their respective sections without any remuneration whatever.

Now it certainly seems to me that this is a manifest injustice to the medical man. Why should he be called upon to furnish the county's poor from his store of knowledge any more than the miller should be asked to furnish from his store of flour?

Physicians have rights in these matters, and they should insist on having their rights respected.

I take it that doctors are to some degree responsible for this condition of affairs; they are inclined to allow the public to undervalue their services. The progressive physician understands that every case of disease is interesting to him, and he is likely, by the interest which he manifests, to produce the impression on the laity that he is partly paid by having the privilege of treating certain cases.

I believe that if the better element of the profession will act as a unit in this matter, and demand their just dues for their time and knowledge, the public will respect and appreciate them more. Let the city, town, and country doctor unite in trying to put an end to this injustice, and it will be done.—DR. J. R. LEMEN, in the *St. Louis Weekly Medical Review.*

DETECTION OF FAHLBERG'S SACCHARIN IN ARTICLES OF FOOD.—A sensitive reaction may be founded upon an observation communicated

by Prof. Ira Remsen in the American Chemical Journal. On heating ortho-sulphobenzoic acid with resorcin and sulphuric acid there is formed a compound analogous to fluorescein. A small quantity of saccharin heated with a slight excess of resorcin and a few drops of strong sulphuric acid in a test tube turns yellow, red, and then dark green, gives off sulphurous acid in plenty, and enters into vigorous ebullition, which continues for a short time after the removal of the flame. This ebullition is reproduced twice more, the liquid is let cool, diluted with water, and supersaturated with alkali, yielding a solution reddish by transmitted light, and displaying a strong green fluorescence by reflected light. This fluorescence is so sensitive that in presence of 0.001 gram saccharin the liquid can be diluted from five to six litres without the recognition of the fluorescence being in the least interfered with. The saccharin is best extracted from articles of food by means of ether. Solids and sparingly soluble substances are pulverized, moistened with a few cubic centimetres of dilute sulphuric acid dried and exhausted by shaking with ether in a closed vessel. Fatty matter, if present, must first be removed by treatment with petroleum ether.—E. BORNSTEIN, in *Chemical News*.

ACTION OF ANTISEPTICS ON THE BACILLUS OF CONSUMPTION.—Dr. Villemin has examined the influence of the several best known antiseptics on the culture of the tubercle bacilli (Archives de Pharmacie), and found rather surprising results, which are classified as follows:—

Having no Influence at All.—Benzoic, salicylic, uric acids; salicylic aldehyde, benzoate of sodium, borax, monobromide of camphor, chloral hydrate, coniferin, ferrocyanide of potassium, phosphomolybdate of sodium, white phosphorus, sulphocyanide of potassium, urea, urethan.

Retarding a Little, but not otherwise Influencing the Culture.—Acetanilid, acetone, aldehyde, alum, chrome alum, arseniate of sodium, nitrate of potassium, biniodide of mercury, bichromate of ammonium, oils of eucalyptus and of turpentine, chlorate of potassium, ferridcyanide of potassium, iodide of potassium, resorcin, sulphate of zinc, sulphite of sodium, terpene.

Retarding the Development Decidedly.—Acetate of sodium, arsenious, boric, picric, pyrogallic, sulphurous acids; alcohol, benzine, chloroform, creasote, ether, petroleum, hyposulphite of sodium, iodoform, menthol, nitrobenzol, salol, sulpho-salicylate of sodium, toluene.

Sterilizing Completely.—Hydrofluosilicic acid, ammonia, fluosilicate of potassium, sulphide of potassium, and silicate of sodium.

The editor of the Archives expresses the hope that Dr. Villemin's results may soon be critically examined by competent physicians, thinking it highly improbable that such antiseptics as biniodide of mercury and iodoform should, even in a test tube, be without sterilizing action on the bacillus of consumption.—*Druggist's Circular*, October, 1888.

THE STRIFE FOR PRECEDENCE.—The strife for precedence is constant, irrepressible, and eternal, and some would say, infernal. The maxim, "no rest for the wicked," with its complement, "and as little for the ill-tricked," is daily illustrated to the physician, though he considers himself far above the common crowd. Alas! how frail and fleeting is judgment! If a measurable degree of success attend his efforts, hosts of enemies arise, but, *à contrarie*, a drone has no friends. To be a successful doctor skill is required, but often tact supplies the demand. Skill preserves the patient's life, but tact commands the extensive following. Without tact, skill goes begging, and is finally vanquished in the strife; and the physician who makes no exertion to run the race set before him falls by the wayside. Both skill and tact without application are useless, absolutely worthless, and without the strife for precedence the keen sense of enjoyment is lacking. Few are insensible to the advantages of position, and the physician is but mortal; hence, the never-ceasing strife of talent against genius. "Genius is a dazzling thing, but it won't plod. Talent is forced to plod or get left, and so, with the instinct of self-preservation, it generally plods. Genius starts out a petted darling, and ends by dodging the bailiffs and dying in the poorhouse, while talent raises a monument in its honor and pays the bill out of its well-filled purse." Lack of genius demands tact to cope with skill, and talent is the natural offspring. Talent moves along the well-beaten path, ever on the alert for quagmires, while genius soars aloft without rudder or compass. One reaches the goal of its ambition, while the other drifts into the quicksands and is stranded. Genius is always haughty, often chimerical; talent is kind, condescending, ever cautious, and always surprises by winning the race. Talent depends upon skill for assistance, accepting tact as her handmaiden; but genius scoffs at her more discreet neighbor, and, enveloped in the exuberance of her own imagination, comes to an untimely end.—*Medical Register.*

ABDOMINAL SURGERY AND THE ARREST OF MENSTRUATION.—For years there has existed a controversy as to the influence upon females of removal of the ovaries, and when an attempt has been made to bring on the climacteric by removal of these innocent bodies, and the attempt has proven fruitless, the operator has been greatly chagrined. With the removal of the ovaries, the menstrual molimen should disappear, but the

facts are that it does not always do so, and a great deal of theory has been advanced to account for this unsatisfactory result, as in the majority of the cases undergoing the operation such a result must be regarded as a failure. In these unsuccessful cases it has been found that if only a small knuckle of a tube remained, when the uterine appendages were removed entire, the operation has failed to arrest menstruation, but when this very diminutive section was afterward removed, the operation was all that could be desired. It was then argued that the tubes themselves had something to do with this function, and that menstruation could only be effectually combated by the removal of tubes and ovaries, with every vestige of their physiological relations except the uterus itself. That done, no further difficulty need be apprehended in this direction.

At this interesting juncture we are offered an explanation by Dr. E. C. Dudley, of Chicago (Journal of the American Medical Association, September, 1 1888), which is at once plausible, and, moreover, possesses the merit of originality. Dr. Dudley says that Dr. Arthur Johnson, of Danville, Ky., has discovered "a little plexus of nerves in the broad ligament in the angle formed by the uterus and Fallopian tube. When the tube is entirely removed this plexus is removed also, and on this account it may be that menstruation ceases, rather than on account of the removal of the tubes." At the meeting of the Chicago Gynæcological Society, before which this paper was read, a specimen was presented showing the plexus of nerves described, the character of the plexus being visible to the naked eye. This is a very interesting matter for investigation, and can be determined with a reasonable degree of certainty by those engaged in abdominal surgery of this character.

Bacteriology of Diphtheria.—At a meeting of the Société Médicale de Genève, Dr. D'Espine, of Geneva, read an important paper (Revue Médicale de le Suisse Romande, No. 1, 1888, p. 49) on his extensive bacteriological researches concerning Lœffler's bacillus of diphtheria. The author does not entertain any doubt that the bacterium in question represents the pathogenic microbe both of diphtheria and croup, and furnishes the most reliable means for establishing a differential diagnosis between diphtheritic or croupous anginas and lacunary, diphtheroid, herpetic, and other "simple" anginas, associated with whitish deposits about the throat. The micro-organism was absolutely absent in twenty-four cases of simple anginas examined by Dr. D'Espine, while it was present in every one of fourteen cases of diphtheria and croup. Hence, the author emphatically insists on the necessity of a bacterioscopic examination of false membranes in all doubtful cases. The procedure is said to require less time than a bacteriological examination of the sputum in cases of pulmonary tuberculosis. It is advisable to repeat the examination several times, and to verify the results obtained from a simple coloration (with fuchsine, gentiana-violet, etc.) by means of Gram's method, which, while leaving intact the stained diphtheritic rods, decolorizes some other microbes resembling the former. Lœffler's rods, as found in false membranes, are thicker or "better nourished (*mieux nourris*)" than those obtained by cultivation. The bacterium has the shape of slightly curved "small sausages (*petits saucissons*)," whose length is almost equal to that of the tubercle rods, while their thickness is at least twice that of the latter. Drs. D'Espine and Picot always thought that diphtheria and croup were essentially identical affections, Lœffler's discovery finally settling the question. In a case of so-called "idiopathic" croup of the larynx in a child, where any faucial complications had been absent, and tracheotomy successfully performed, Dr. D'Espine obtained a "pure culture" of the microbe from a false membrane which preserved its virulent or pathogenic powers through twenty-five generations, as the inoculation experiments on rabbits and guinea-pigs proved. A fifteenth generation having been forwarded to Dr. Lœffler, the latter at once recognized a complete identity of the croupous microbe with his *bacillus diphtheriæ*. In common with his German colleague, Dr. D'Espine believes that the micro-organism produces locally a leucomaine which is resorbed into the patient's blood, and thus gives rise to a general poisoning of the system.—*Provincial Medical Journal.*

The Digestion of Koumiss.—T. R. Powell contributes the following note to the Pharmaceutical Journal and Transactions: "As far as I am aware, no suggestion has hitherto been offered which explains the retention of fermented milk, or koumiss, by the stomach when all other nourishment has been rejected. The following rough experiments may perhaps throw some light on the subject, which at all events deserves more attention than it has yet received. It is, of course, well known that if milk, to which a few grains of pepsin and a few drops of hydrochloric acid have been added, be gently warmed, coagulation takes place almost immediately, the casein or cheese separating in a more or less solid condition, a similar coagulation probably taking place whenever milk is acted upon by the gastric juice of the stomach. To render milk more digestible, lime-water or aerated water are often added in various proportions. Dilute, therefore, a portion of milk with a fourth part of aerated water and add a few grains of pepsin, when it will be found that coagulation will take place

almost as quickly as in a mixture of milk and water; but the condition of the two precipitates will differ somewhat, the casein separated in the presence of carbonic acid water being in a finer state of division, and, therefore, more readily digested. If, however, lime-water be substituted for the aerated water, the effect is far more decided, coagulation being delayed for some time, and the precipitate, when it at length falls, being, as in the previous case, very finely divided. Koumiss or fermented milk when freshly prepared effervesces but slightly and resembles ordinary milk; but as the fermentation proceeds, lactic acid is formed, coagulation takes place, and the thick liquid becomes charged with carbonic acid. If at this stage two or three ounces be drawn off by a syphon tap and gently warmed with stirring to drive off excess of gas, there will result a thick acid fluid, thicker than milk, though an equally good emulsion; and, coagulation having already taken place in the bottle, the addition of pepsin (which dissolves more readily than in the previous experiments) causes no further precipitation, the casein being in an almost gelatinous condition. It seems probable, therefore, that the indigestion and nausea so often produced in cases where a milk diet is desirable are the result of the coagulation of the milk, a coagulation which may be delayed by the addition of alkalies; and it is further probable that koumiss is retained by the stomach in preference to milk for the following reasons: (1) That coagulation has already taken place; (2) that the precipitated casein, the nourishing constituent, is in a very fine, almost gelatinous, condition; (3) that carbonic acid is present in the free state, and exerts a sedative action; and (4) that free lactic acid still further stimulates and aids digestion."

BOOK REVIEWS.

The American Hip-Splint. By DR. A. B. JUDSON, of New York. Reprinted from the Transactions of the Ninth International Medical Congress.

Dr. Judson presents in this little pamphlet a historical sketch of what has been known abroad for many years as the American Hip-Splint, and also gives some interesting suggestions as to its therapeutical value.

A Eulogy upon Cornelius Rea Agnew. Read before the New York Academy of Medicine by T. GAILLARD THOMAS, M.D., June 7, 1888.

Upon reading this interesting sketch, it seems that no one could have better performed the service for this benefactor, for by such appellation shall Dr. Agnew be known in the future of medical literature. We have space for but a single thought, which will give the key to the whole address: "The good deeds which men do live forever, serving as beacon lights to illumine the pathway of imitation for those who follow them. What our colleague has done during his short lifetime is as nothing compared to that which his deeds of kindness, his noble example, and his pure and beautiful record will bring forth in the ages to come."

Physician's Interpreter. In four languages. Specially arranged for diagnosis. By M. VON V. F. A. Davis, Publisher, Philadelphia. Price, $1.

Of a size suitable for the vest-pocket, the Physician's Interpreter will meet with a warm reception, especially from those who are in hospital practice and from those who are located in sections where different languages are spoken. Many English-speaking physicians have families of Germans, or other nationality, and cannot well converse with them, but, with the aid of the Interpreter, it will only be a short time ere they can get along very nicely. It does not take long to learn—if you have some instruction as to the pronunciation—all that is to be found here, and, with it at tongue's end, a doctor is fairly well equipped for determining a diagnosis. Different sections are devoted to the various organs and functions, as the stomach, the liver, the ear, the throat, and the names of the different parts of the body, together with general directions concerning medicines, baths, bandages, gargling, painting, etc., and the work apparently fills a long-felt want.

The Hygiene of the Nursery. By LOUIS STARR, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Illustrated. Cloth, 8vo, pp. 212. Philadelphia: P. Blakiston, Son & Co., 1888. Price, $1.50.

If all that part of the book was eliminated except the one chapter on emergencies, it would be worth the price asked for the whole volume. Who has not seen unfortunate results following the inappropriate treatment of accidents, such as burns, scalds, etc., before the arrival of the physician? By means of the instructions here given much of this confusion and neighborly interference will be avoided, and the physician can go to his patients knowing that nothing has been done which will in any way interfere with the best-known treatment of the case. An important chapter on dietary for the sick has been incorporated in the work, and another on the features of health, while proper space is taken up with a consideration of such subjects as the nursery, the nurse-maid, clothing, exercise, and amusements, sleep, bathing, etc., and to those who heed its teachings the book will prove a valuable one.

Ethics of Marriage. By H. S. POMEROY, M.D. With an introduction by Rev. Joseph T. Duryea, D.D., Boston, and prefatory note by Thomas Addis Emmet, M.D., LL.D., New York. Funk & Wagnalls, New York. Cloth, 12mo, pp. 197. Price, $1.

Dr. Pomeroy says: "For reproduction, men need not mate; for the care of offspring, they must; and for the proper care of intellectual and moral offspring, they must mate permanently. This is the judgment of the civilized world, and needs not to be reconsidered." Such is a sample of the argument occupying a large portion of the first half of the book, and must be regarded as in the nature of an apologetic; but no apology is needed for bringing to the attention of physicians this very pressing matter. The "American sin," the prevention of conception and the attempts to destroy the results of conception, is to be seen on every hand. No one can rise up and deny a truth so palpable. The services of a divine and a gynæcologist are not required to impress the wants of the public upon the thinking portion of the medical profession. We are prepared to welcome the appearance of a work like the one before us, and trust that it may reach those for whom it is mostly intended. The latter part of the book is an eloquent appeal to the women of America, and the work of Dr. Pomeroy will be heartily seconded by the intelligent class of physicians everywhere.

The Physician's Leisure Library: Diseases of the Liver. By DUJARDIN-BEAUMETZ. Paper, pp. 185. George S. Davis, Detroit, Mich. Price, 25 cents.

Whoever purchases and reads the first chapter of this volume, in which the liver is considered from a therapeutic standpoint, will not be disappointed. To those not thoroughly familiar with the functions of this organ and the latest information upon the subject it will open a new field, and one, too, which is of immense practical value in the every-day business of life. In addition to the chapter just noted, there are sections devoted to cholagogues, to the treatment of biliary lithiasis, to the treatment of jaundice, engorgements of the liver, inflammations of the liver, and to the treatment of hydatid cysts of the liver; and those who have once familiarized themselves with the style of our author will not be slow to take advantage of the very low price at which the book is offered.

The Theory and Practice of the Ophthalmoscope: A hand-book for students. By JOHN HERBERT CLAIBORNE, JR., M.D. Pp. 77.

Another of the series intended for the practitioner and student, by the same enterprising publisher, it is fully up to the standard of those which have preceded it, and will be found an exceedingly valuable aid to those who are about to begin the study of the subject of eye affections. Unlike many of the works upon this matter, it is clothed in language perfectly comprehensible to those undertaking the study—something that cannot be said of many that have won their way in this department. Although not a part of the subject, there is a short chapter given to the different mydriatics in use and suggestions as to those best adapted for the purpose.

Modern Medical Therapeutics: A compendium of recent formulæ and specific therapeutical directions, made from the practice of eminent contemporary physicians, American and foreign. By GEORGE H. NAPHEYS, A.M., M.D., etc. Edited by Joseph F. Edwards, M.D., and D. G. Brinton, M.D. Eighth edition, enlarged and revised. Cloth, 8vo, pp. 629. For sale by George S. Davis, Detroit, Mich. Price, $4.

When a book has reached the eighth edition, the task of the reviewer is comparatively easy, as he is then expected to note only the recent changes which have been effected in the make-up of the work. Based upon a plan which is rather different from any others, the sale of the book has been large, and it is a very popular work wherever introduced. The general character of the work will be better appreciated by reference to one of the subjects treated, and we take asthma, one of the diseases about which there has been so much discussion. In all, fifteen pages are given to that alone, seventeen different authors being referred to, among whom may be mentioned Huchard, DaCosta, Oliver and Hanfield Jones, of London; Leclerc and Gallois, of Paris; and German Seé, Hyde Salter, and Bartholow, and a number of others, all well-recognized authorities. Six pages are devoted to notes on remedies, embracing no less than fifty-six different drugs, together with the method of application. Altogether, nearly eight hundred authors have been referred to in the text, showing that something has been contributed by them to make up the work. In addition to this list, there are an index of remedies and remedial measures and an index of diseases. On the whole, it is a book which will be very convenient for the physician, who many times wishes to have the advice and counsel of those not within reach, and here he finds a multitude of counselors; and the probabilities are that no two of them will have formulated their views from the same standpoint, and he is thus left to make his own decision upon the merits of the case before him—a difficulty sometimes troublesome to meet when there is but a single consultant. Until the first of the year we note there has been a reduction of the price, and probably some of our readers will take advantage of it and add this book to their library.

Pharmacology, Therapeutics, and Materia Medica. By T. LAUDER BRUNTON, M.D., D.Sc., F.R.S., Fellow of the Royal College of Physicians, etc., etc. Adapted to the United States Pharmacopœa by Francis H. Williams, M.D., Boston. Third edition. Cloth, 8vo, pp. 1261. Philadelphia: Lea Brothers & Co., 1888. Price, $5.50.

To present a faithful pen-picture of an exhaustive work like that of Brunton is a task requiring not a little study and deliberation. It would be an easy matter to say "good," "bad," or "passable," as the mood prompted; but when the author tells us in his preface to the first edition that he had the whole work completed and ready for the printer fifteen years before, but the matter was delayed until some experiments could be verified, and finally the whole mass discarded and the book entirely rewritten, we are indeed inclined to proceed with caution. The plan of the work is so out of the usual run that a few words of explanation may serve to guide us more clearly in estimating its value to the general student and practitioner.

There are six sections or subdivisions, as follow: Pharmacology and Therapeutics, Pharmacy, Inorganic Materia Medica, Organic Materia Medica, Vegetable Materia Medica, and Animal Kingdom—certainly a vast extent of territory for one to traverse in the course of a single page. Probably as good a plan as any to illustrate the scope and general character of the work will be to select a portion that is likely to be of general interest for analysis, and, accordingly, we take Chapter XIII, in which is studied the action of drugs on the digestive system, embracing about sixty pages. Beginning with the teeth, he rapidly passes to the salivary glands, and considers the sialagogues, reflex, mixed, and specific, also excretion by the saliva. We then proceed to refrigerants, the pathology of thirst, and anti-sialics. Then follow the action of drugs on the stomach, gastric tonics, appetite, action of drugs upon the secretion and upon the movements of the stomach, as well as absorption by that organ. We have space devoted to anti-acids, emetics, anti-emetics, gastric sedatives, and carminatives. The study of the intestines, the liver, the pancreas, anthelmintics, and irritant poisons is equally complete, but it is in the matter of suggestions thrown out in connection with the history of these observations that the charm lies. The study of this work, instead of being drudgery, is most attractive, and to the student in medicine (and we are all students) it will prove even more seductive than the most fascinating novel. The writer has the second edition of this work in his library, and knows whereof he speaks. When in quest of mental exhilaration, with the ultimate object of intellectual development, it is sometimes a question whether to select Shakespeare or Brunton.

By referring to some of the headings of other chapters, the reader will doubtless obtain a better comprehension of the exhaustive character of the work. A chapter is given to a study of the action of drugs on protoplasm, blood, and low organisms; another to the action of drugs on muscles, voluntary and involuntary muscular fibre; one to the action of drugs on nerves; one to the action of drugs on the spinal cord; one to the action of drugs on the brain; one to the action of drugs on the organs of special sense. But our review is not intended to be a mere repetition of headings. We must endeavor to blend with these notes some of the unique methods he adopts in the way of teaching and illustrating his views; and we should add that his operative procedures by means of diagrams and illustrations are exceedingly practical. His methods of investigation are well exemplified by the subdivisions of Chapter II, devoted to a consideration of the circumstances which affect the action of drugs on the organism, some of which may be mentioned: Local and remote action, inter-action of various functions, direct and indirect action, selective action, primary and secondary action, absorption of drugs, duration of action, cumulative action, experiments upon healthy men, fallacies of experiments upon man, experiments in disease, and many others of like character, which, taken together with what is left unsaid, being merely hinted at, it must be confessed contain a vast amount of philosophy that may be put to practical use in the hands of the physician. Should the medical practitioner of ten or fifteen years ago take up this volume, he would feel that he was, in a sense, a Rip Van Winkle, such immense strides have been made in advance since that day, as shown in the teachings of this most industrious and indefatigable author.

A word should be added to the effect that this work has not all been done single-handed, as he extends his thanks to numerous gentlemen who have assisted him in the laborious efforts involved in its preparation. But he had almost overlooked the advantages reaped from one American writer, Dr. Potter, to whom he refers in the preface; and he pays his compliments to the homœopathic fraternity, and says that if anything belonging to them has crept into his book it was perfectly unintentional. The subject of homœopathy is very judiciously and judicially discussed in the preface, and the matter of the dose is again considered in the body of the work. The index of diseases is a medical library in itself, while the biographical index embraces no less than twenty-three pages.

COMMERCIAL NEWS.

MEMORY.

Dr. William A. Hammond, the world-famous specialist in mind diseases, says:—

"I am familiar with various systems for improving the memory, including, among others, those of Feinaigle, Gouraud, and Dr. Pick, and I have recently become acquainted with the system, in all its details and applications, taught by Professor Loisette. I am therefore enabled to state that his is, in all its essential features, entirely original; that its principles and methods are different from all others, and that it presents no material analogies to that of any other system.

"I consider Professor Loisette's system to be a new departure in the education of the memory and attention, and of very great value; that, it being a systematic body of principles and methods, it should be studied as an entirety to be understood and appreciated; that a correct view of it cannot be obtained by examining isolated passages of it.

"WILLIAM A. HAMMOND.

"NEW YORK, July 10, 1888."

CHRONIC SYPHILITIC SALIVATION.

A. W. Furber, M.D., L.R.C.S., and L.D.S., says:—

"I have for a long time had a gentleman patient under my care for disease of the teeth, and although my operations progressed favorably, I had many difficulties to contend with. The whole of my patient's teeth appeared to have a syphilitic taint, and with increased flow of saliva, amounting to chronic salivation. These were not the only troubles I had to surmount; but that which retarded my work most was the repeated recurrence of syphilitic ulcers of the sulcus and gums generally, which, though not painful to my patient, was still a source of considerable discomfort and militated greatly against the success of my operations. Iodia having come under my notice, I was inclined to give it a trial, and with the addition of a small proportion of liq. hydrarg. bi-chlor., taken daily before meals for a time, also used occasionally as a mouth-wash, the salivation became normal, the mucous membrane assumed a more healthy state, and the teeth generally looked like coming back to their original color.

"80 FORTRESS ROAD, LONDON, N. W."

SUCCUS ALTERANS.

I have recently witnessed satisfactory results from the persistent administration of Succus Alterans in an aggravated case of destruction of the tonsil, velum, and all surrounding soft parts, where iodide of potassium had been exhibited more than two months in liberal doses, even as high as four hundred grains per day continually for three weeks of the time, and had failed to arrest the progress of the disease.

Very respectfully, I. W. CONDICT, M.D.
DOVER, MORRIS COUNTY, N. J.

I can heartily indorse the use of Succus Alterans. I prescribe it constantly in cases of syphilis, scrofula, and various skin diseases, and must say that the results from a proper use of this preparation are always satisfactory.

Very truly, CHARLES DAKE, M.D.
HOT SPRINGS, ARK.

I have used Succus Alterans in two cases of tertiary syphilis—one in a patient with suppressed rheumatism, who faithfully used six bottles with undoubted benefit; in the other patient extensive tertiary ulceration disappeared within six weeks.

I have also prescribed the Succus in two cases of recurrent iritis, advising a continuation of the medicine after all inflammatory action had subsided. It is now some months since the patients were under my immediate treatment, and no recurrent symptoms have occurred. Very truly, F. W. RING, M.D.
NEW YORK.

A DISINFECTANT FOR EVERY SICK-ROOM AND FOR GENERAL HOUSEHOLD USE.

Platt's Chlorides is an odorless, colorless, saturated solution of those chloride salts which have proven most reliable and acceptable as deodorants, disinfectants, and antiseptics, is at once clean, powerful, and stainless (contains no mercury), and is especially designed for the hygienic uses of the physician and the practical domestic uses of the housekeeper. Its sanitary value as a purifier of the sick-room and its worth as a general disinfectant for the household have been fully demonstrated for the past seven years, and it now proudly claims the indorsement of over sixteen thousand practicing physicians, among whom are the most eminent in both schools of medicine.

MESSRS. MARIANI & Co. have lately moved to No. 52 West Fifteenth Street, New York, where they occupy an unusually handsome suite of offices and warerooms expressly arranged for the requirements of their extensive business. They will be happy to receive the members of the medical profession.